



# Arizona Administrative REGISTER

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~ Administrative Register Contents ~

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# From the Publisher

## ABOUT THIS PUBLICATION

The authenticated pdf of the *Administrative Register* (A.A.R.) posted on the Arizona Secretary of State's website is the official published version for rulemaking activity in the state of Arizona.

Rulemaking is defined in Arizona Revised Statutes known as the Arizona Administrative Procedure Act (APA), A.R.S. Title 41, Chapter 6, Articles 1 through 10.

The *Register* is cited by volume and page number. Volumes are published by calendar year with issues published weekly. Page numbering continues in each weekly issue.

In addition, the *Register* contains notices of rules terminated by the agency and rules that have expired.

## ABOUT RULES

Rules can be: made (all new text); amended (rules on file, changing text); repealed (removing text); or renumbered (moving rules to a different Section number). Rulemaking activity published in the *Register* includes: proposed, final, emergency, expedited, and exempt rules as defined in the APA, and other state statutes.

New rules in this publication (whether proposed or made) are denoted with underlining; repealed text is stricken.

## WHERE IS A "CLEAN" COPY OF THE FINAL OR EXEMPT RULE PUBLISHED IN THE REGISTER?

The *Arizona Administrative Code* (A.A.C.) contains the codified text of rules. The A.A.C. contains rules promulgated and filed by state agencies that have been approved by the Attorney General or the Governor's Regulatory Review Council. The *Code* also contains rules exempt from the rulemaking process.

The authenticated pdf of *Code* chapters posted on the Arizona Secretary of State's website are the official published version of rules in the A.A.C. The *Code* is posted online for free.

## LEGAL CITATIONS AND FILING NUMBERS

On the cover: Each agency is assigned a Chapter in the *Arizona Administrative Code* under a specific Title. Titles represent broad subject areas. The Title number is listed first; with the acronym A.A.C., which stands for the *Arizona Administrative Code*; following the Chapter number and Agency name, then program name. For example, the Secretary of State has rules on rulemaking in Title 1, Chapter 1 of the *Arizona Administrative Code*. The citation for this chapter is 1 A.A.C. 1, Secretary of State, Rules and Rulemaking

Every document filed in the office is assigned a file number. This number, enclosed in brackets, is located at the top right of the published documents in the *Register*. The original filed document is available for 10 cents a page.

# Arizona Administrative REGISTER

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**ADMINISTRATIVE REGISTER**  
This publication is available online for free at [www.azsos.gov](http://www.azsos.gov).

**ADMINISTRATIVE CODE**  
A price list for the *Arizona Administrative Code* is available online. You may also request a paper price list by mail. To purchase a paper Chapter, contact us at (602) 364-3223.

**PUBLICATION DEADLINES**  
Publication dates are published in the back of the *Register*. These dates include file submittal dates with a three-week turnaround from filing to published document.

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# Participate in the Process

## Look for the Agency Notice

Review (inspect) notices published in the *Arizona Administrative Register*. Many agencies maintain stakeholder lists and would be glad to inform you when they proposed changes to rules. Check an agency's website and its newsletters for news about notices and meetings.

Feel like a change should be made to a rule and an agency has not proposed changes? You can petition an agency to make, amend, or repeal a rule. The agency must respond to the petition. (See A.R.S. § 41-1033)

## Attend a public hearing/meeting

Attend a public meeting that is being conducted by the agency on a Notice of Proposed Rulemaking. Public meetings may be listed in the Preamble of a Notice of Proposed Rulemaking or they may be published separately in the *Register*. Be prepared to speak, attend the meeting, and make an oral comment.

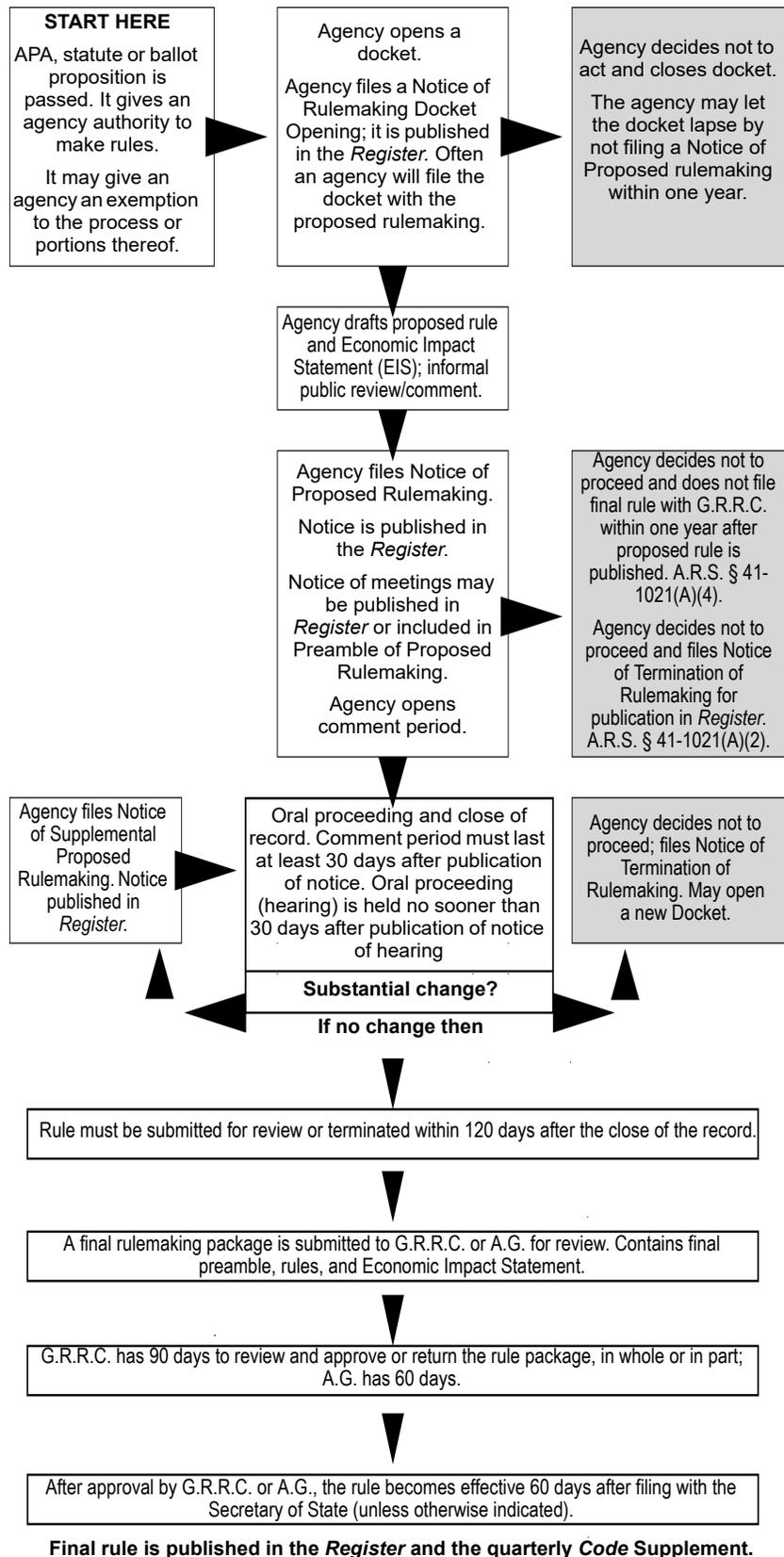
An agency may not have a public meeting scheduled on the Notice of Proposed Rulemaking. If not, you may request that the agency schedule a proceeding. This request must be put in writing within 30 days after the published Notice of Proposed Rulemaking.

## Write the agency

Put your comments in writing to the agency. In order for the agency to consider your comments, the agency must receive them by the close of record. The comment must be received within the 30-day comment timeframe following the *Register* publication of the Notice of Proposed Rulemaking.

You can also submit to the Governor's Regulatory Review Council written comments that are relevant to the Council's power to review a given rule (A.R.S. § 41-1052). The Council reviews the rule at the end of the rulemaking process and before the rules are filed with the Secretary of State.

# Arizona Regular Rulemaking Process



## Definitions

**Arizona Administrative Code (A.A.C.):** Official rules codified and published by the Secretary of State's Office. Available online at [www.azsos.gov](http://www.azsos.gov).

**Arizona Administrative Register (A.A.R.):** The official publication that includes filed documents pertaining to Arizona rulemaking. Available online at [www.azsos.gov](http://www.azsos.gov).

**Administrative Procedure Act (APA):** A.R.S. Title 41, Chapter 6, Articles 1 through 10. Available online at [www.azleg.gov](http://www.azleg.gov).

**Arizona Revised Statutes (A.R.S.):** The statutes are made by the Arizona State Legislature during a legislative session. They are compiled by Legislative Council, with the official publication codified by Thomson West. Citations to statutes include Titles which represent broad subject areas. The Title number is followed by the Section number. For example, A.R.S. § 41-1001 is the definitions Section of Title 41 of the Arizona Administrative Procedures Act. The "§" symbol simply means "section." Available online at [www.azleg.gov](http://www.azleg.gov).

**Chapter:** A division in the codification of the *Code* designating a state agency or, for a large agency, a major program.

**Close of Record:** The close of the public record for a proposed rulemaking is the date an agency chooses as the last date it will accept public comments, either written or oral.

**Code of Federal Regulations (CFR):** The *Code of Federal Regulations* is a codification of the general and permanent rules published in the *Federal Register* by the executive departments and agencies of the federal government.

**Docket:** A public file for each rulemaking containing materials related to the proceedings of that rulemaking. The docket file is established and maintained by an agency from the time it begins to consider making a rule until the rulemaking is finished. The agency provides public notice of the docket by filing a Notice of Rulemaking Docket Opening with the Office for publication in the *Register*.

**Economic, Small Business, and Consumer Impact Statement (EIS):** The EIS identifies the impact of the rule on private and public employment, on small businesses, and on consumers. It includes an analysis of the probable costs and benefits of the rule. An agency includes a brief summary of the EIS in its preamble. The EIS is not published in the *Register* but is available from the agency promulgating the rule. The EIS is also filed with the rulemaking package.

**Governor's Regulatory Review (G.R.R.C.):** Reviews and approves rules to ensure that they are necessary and to avoid unnecessary duplication and adverse impact on the public. G.R.R.C. also assesses whether the rules are clear, concise, understandable, legal, consistent with legislative intent, and whether the benefits of a rule outweigh the cost.

**Incorporated by Reference:** An agency may incorporate by reference standards or other publications. These standards are available from the state agency with references on where to order the standard or review it online.

**Federal Register (FR):** The *Federal Register* is a legal newspaper published every business day by the National Archives and Records Administration (NARA). It contains federal agency regulations; proposed rules and notices; and executive orders, proclamations, and other presidential documents.

**Session Laws or "Laws":** When an agency references a law that has not yet been codified into the Arizona Revised Statutes, use the word "Laws" is followed by the year the law was passed by the Legislature, followed by the Chapter number using the abbreviation "Ch.," and the specific Section number using the Section symbol (§). For example, Laws 1995, Ch. 6, § 2. Session laws are available at [www.azleg.gov](http://www.azleg.gov).

**United States Code (U.S.C.):** The Code is a consolidation and codification by subject matter of the general and permanent laws of the United States. The Code does not include regulations issued by executive branch agencies, decisions of the federal courts, treaties, or laws enacted by state or local governments.

## Acronyms

A.A.C. – *Arizona Administrative Code*

A.A.R. – *Arizona Administrative Register*

APA – *Administrative Procedure Act*

A.R.S. – *Arizona Revised Statutes*

CFR – *Code of Federal Regulations*

EIS – *Economic, Small Business, and Consumer Impact Statement*

FR – *Federal Register*

G.R.R.C. – *Governor's Regulatory Review Council*

U.S.C. – *United States Code*

## About Preambles

The Preamble is the part of a rulemaking package that contains information about the rulemaking and provides agency justification and regulatory intent.

It includes reference to the specific statutes authorizing the agency to make the rule, an explanation of the rule, reasons for proposing the rule, and the preliminary Economic Impact Statement.

The information in the Preamble differs between rulemaking notices used and the stage of the rulemaking.



**NOTICES OF PROPOSED RULEMAKING**

This section of the *Arizona Administrative Register* contains Notices of Proposed Rulemakings.

A proposed rulemaking is filed by an agency upon completion and submittal of a Notice of Rulemaking Docket Opening. Often these two documents are filed at the same time and published in the same *Register* issue.

When an agency files a Notice of Proposed Rulemaking under the Administrative Procedure Act (APA), the notice is published in the *Register* within three weeks of filing. See the publication schedule in the back of each issue of the *Register* for more information.

Under the APA, an agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the *Register* before beginning any proceedings for making, amending, or repealing any rule (A.R.S. §§ 41-1013 and 41-1022).

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the interpretation of the proposed rules should be addressed to the agency that promulgated the rules. Refer to item #4 below to contact the person charged with the rulemaking and item #10 for the close of record and information related to public hearings and oral comments.

**NOTICE OF PROPOSED RULEMAKING  
TITLE 4. PROFESSIONS AND OCCUPATIONS  
CHAPTER 16. ARIZONA MEDICAL BOARD**

[R19-167]

**PREAMBLE**

- | <b><u>1. Article, Part, or Section Affected (as applicable)</u></b> | <b><u>Rulemaking Action</u></b> |
|---|---------------------------------|
| R4-16-101   | Amend                           |
| R4-16-501   | Amend                           |
| R4-16-502   | Amend                           |
| R4-16-503   | Amend                           |
| R4-16-504   | Amend                           |
| R4-16-505   | Amend                           |
| R4-16-506   | Amend                           |
| R4-16-507   | Amend                           |
| R4-16-508   | Amend                           |
| R4-16-509   | Amend                           |
| R4-16-510   | Amend                           |
- 2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**  
 Authorizing statute: A.R.S. § 32-1404(D)  
 Implementing statute: A.R.S. §§ 32-1405(C) and (E) and 32-1451(C) and (F)
  - 3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:**  
 Notice of Rulemaking Docket Opening: 25 A.A.R. 1898, July 26, 2019
  - 4. The agency's contact person who can answer questions about the rulemaking:**  
 Name: Patricia McSorley  
 Address: Arizona Medical Board  
 1740 W. Adams St.  
 Phoenix, AZ 85007  
  
 Telephone: (480) 551-2700  
 Fax: (480) 551-2707  
 E-mail: patricia.mcsorley@azmd.gov  
 Website: www.azmd.gov
  - 5. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered, to include an explanation about the rulemaking:**  
 In a 5YRR to be approved by the Council in early 2019, the Board indicated it intended to amend rules in Article 5 and add clarifying definitions to R4-16-101. This rulemaking addresses the needed amendments.
  - 6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**  
 The Board does not intend to review or rely on a study in its evaluation of or justification for any rule in the rulemaking.



**7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**8. The preliminary summary of the economic, small business, and consumer impact:**

The Board expects the economic impact of the rulemaking to be minimal because it simply makes clarifying changes.

**9. The agency's contact person who can answer questions about the economic, small business, and consumer impact statement:**

Name: Patricia McSorley  
Address: Arizona Medical Board  
1740 W. Adams St.  
Phoenix, AZ 85007  
Telephone: (480) 551-2700  
Fax: (480) 551-2707  
E-mail: patricia.mcsorley@azmd.gov  
Website: www.azmd.gov

**10. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

An oral proceeding regarding the proposed rules will be held as follows:

Date: Monday, October 21, 2019  
Time: 10:00 a.m.  
Location: Arizona Medical Board  
1740 W. Adams St., Boardroom B  
Phoenix, AZ 85007

**11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

None

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

None of the rules in this rulemaking requires a permit.

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**

None of the rules is more stringent than federal law. There are numerous federal laws relating to the provision of health care but none is directly applicable to this rulemaking.

**c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**

No analysis was submitted.

**12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**

None

**13. The full text of the rules follows:**

**TITLE 4. PROFESSIONS AND OCCUPATIONS  
CHAPTER 16. ARIZONA MEDICAL BOARD**

**ARTICLE 1. GENERAL PROVISIONS**

Section  
R4-16-101. Definitions

**ARTICLE 5. EXECUTIVE DIRECTOR DUTIES**

Section  
R4-16-501. ~~Interim Evaluation~~ Medical Competency Examination; and Investigational Interview  
R4-16-502. Direct Referral to Formal Interview  
R4-16-503. Request for Inactive Status ~~and or~~ License Cancellation  
R4-16-504. Interim Consent Agreement  
R4-16-505. Mediated Case  
R4-16-506. Referral to Formal Hearing  
R4-16-507. Dismissal of Complaint  
R4-16-508. Denial of License  
R4-16-509. Non-disciplinary Consent Agreement  
R4-16-510. Appealing Executive Director Actions



## ARTICLE 1. GENERAL PROVISIONS

## R4-16-101. Definitions

Unless the context otherwise requires, definitions prescribed under A.R.S. § 32-1401 and the following apply to this Chapter:

1. "ACLS" means advanced cardiac life support performed according to certification standards of the American Heart Association.
2. "Agent" means an item or element that causes an effect.
3. "Approved medical assistant training program" means a program accredited by one of the following:
  - a. The Commission on Accreditation of Allied Health Education Programs; or
  - b. The Accrediting Bureau of Health Education Schools.
4. "BLS" means basic life support performed according to certification standards of the American Heart Association.
5. "Capnography" means monitoring the concentration of exhaled carbon dioxide of a sedated patient to determine the adequacy of the patient's ventilatory function.
6. "Case" means a file opened by a member of the Board's investigative staff in which to maintain documents and evidence relating to an allegation of unprofessional conduct made against an applicant or licensee.
- ~~6-7.~~ "Deep sedation" means a drug-induced depression of consciousness during which a patient:
  - a. Cannot be easily aroused, but
  - b. Responds purposefully following repeated or painful stimulation, and
  - c. May partially lose the ability to maintain ventilatory function.
- ~~7-8.~~ "Discharge" means a written or electronic documented termination of office-based surgery to a patient.
- ~~8-9.~~ "Drug" means the same as in A.R.S. § 32-1901.
- ~~9-10.~~ "Emergency" means an immediate threat to the life or health of a patient.
- ~~10-11.~~ "Emergency drug" means a drug that is administered to a patient in an emergency.
- ~~11-12.~~ "General Anesthesia" means a drug-induced loss of consciousness during which a patient:
  - a. ~~Is unarousable~~ Cannot be roused even with painful stimulus; and
  - b. May partially or completely lose the ability to maintain ventilatory, neuromuscular, or cardiovascular function or airway.
- ~~12-13.~~ "Health care professional" means a registered nurse defined in A.R.S. § 32-1601, registered nurse practitioner defined in A.R.S. § 32-1601, physician assistant defined in A.R.S. § 32-2501, and any individual authorized to perform surgery according to A.R.S. Title 32 who participates in office-based surgery using sedation at a physician's office.
- ~~13-14.~~ "Informed consent" means advising a patient of the:
  - a. Purpose for and alternatives to ~~the~~ office-based surgery using sedation,
  - b. Associated risks of office-based surgery using sedation, and
  - c. Possible benefits and complications from the office-based surgery using sedation.
- ~~14-15.~~ "Inpatient" has the same meaning as in A.A.C. R9-10-201.
16. "Investigative staff" means Board staff employed to gather documents and evidence regarding an allegation of unprofessional conduct made against an applicant or licensee.
17. "Investigation supervisor" means the manager of the Board's investigations department or the manager's designee.
18. "Lead board member" means the Board chair or the Board chair's designee.
- ~~15-19.~~ "Malignant hyperthermia" means a life-threatening condition in an individual who has a genetic sensitivity to inhalant anesthetics ~~and or~~ depolarizing neuromuscular blocking drugs that occurs during or after the administration of an inhalant anesthetic or depolarizing neuromuscular blocking drug.
- ~~16-20.~~ "Minimal Sedation" means a drug-induced state during which:
  - a. A patient responds to verbal commands,
  - b. Cognitive function and coordination may be impaired, and
  - c. A patient's ventilatory and cardiovascular functions are unaffected.
- ~~17-21.~~ "Moderate Sedation" means a drug-induced depression of consciousness during which:
  - a. A patient responds to verbal commands or light tactile stimulation, and
  - b. No interventions are required to maintain ventilatory or cardiovascular function.
- ~~18-22.~~ "Monitor" means to assess the condition of a patient.
- ~~19-23.~~ "Office-based surgery" means a medical procedure conducted in a physician's office or other outpatient setting that is not part of a licensed hospital or licensed ambulatory surgical center. (A.R.S. § 32-1401(20)).
- ~~20-24.~~ "PALS" means pediatric life support performed according to certification standards of the American Academy of Pediatrics or the American Heart Association.
- ~~21-25.~~ "Patient" means an individual receiving office-based surgery using sedation.
- ~~22-26.~~ "Physician" has the same meaning as doctor of medicine as defined in A.R.S. § 32-1401.
- ~~23-27.~~ "Rescue" means to correct adverse physiologic consequences of ~~deeper than intended~~ a level of sedation that is deeper than intended and return the patient to the intended level of sedation.
- ~~24-28.~~ "Sedation" means minimum sedation, moderate sedation, or deep sedation.
- ~~25-29.~~ "Staff member" means an individual who:
  - a. Is not a health care professional, and
  - b. Assists with office-based surgery using sedation under the supervision of the physician performing the office-based surgery using sedation.
30. "Supervising medical consultant" means the Chief Medical Consultant employed by the Board or the Chief Medical Consultant's designee.
- ~~26-31.~~ "Transfer" means a ~~physical relocation of~~ to physically move a patient from a physician's office to a licensed health care institution.



ARTICLE 5. EXECUTIVE DIRECTOR DUTIES

R4-16-501. ~~Interim Evaluation~~ Medical Competency Examination; and Investigational Interview

- A. The executive director may require a physician, who is under investigation by the Board, to submit to a mental, physical, oral, or written medical competency examination after the following:
  1. Reviewing the allegations and investigator’s summary of findings; and
  2. Consulting with and receiving the agreement of the Board’s supervising medical consultant ~~or designee~~ that an examination is necessary.
- B. The executive director may request a physician to attend an investigational interview to answer questions regarding a complaint against the physician. Before issuing a request for an investigational interview, the executive director shall review the allegations and facts to determine whether an interview is necessary to provide information the Board needs to adjudicate the case. The executive director shall consult with and receive the agreement of either the investigation supervisor or supervising medical consultant that an investigational interview is necessary before requesting one.
- C. The executive director shall report to the Board at each regularly scheduled Board meeting; a summary of the number and type of evaluations ordered and completed since the preceding Board meeting.

R4-16-502. Direct Referral to Formal Interview

The executive director shall refer a case to a formal interview on a future Board meeting agenda; if the investigative staff, lead Board member, and in cases involving quality of care, supervising medical consultant, ~~in cases involving quality of care, the investigative staff, and the lead Board member~~ concur after review of the case that a formal interview is appropriate.

R4-16-503. Request for Inactive Status and or License Cancellation

- A. If a physician requests inactive status or license cancellation, ~~and~~ meets the requirements of A.R.S. §§ 32-1431 ~~and or~~ 32-1433, and is not participating in the program defined under A.R.S. § 32-1452, the executive director shall grant the request.
- B. The executive director shall provide to the Board at each regularly scheduled Board meeting a list of the ~~individuals~~ physicians granted inactive or cancelled license status since the preceding Board meeting.

R4-16-504. Interim Consent Agreement

The executive director may enter into an interim consent agreement with a physician if there is evidence that a restriction is needed to mitigate imminent danger to ~~the~~ public health and safety and the investigative staff, the supervising medical consultant, ~~the~~ lead Board member concur after review of the case that a consent agreement is appropriate.

R4-16-505. Mediated Case

- A. The executive director shall close a case resolved through mediation.
- B. The executive director shall provide to the Board at each regularly scheduled Board meeting a list of the physicians whose cases ~~are~~ were resolved through mediation since the preceding Board meeting.

R4-16-506. Referral to Formal Hearing

- A. The executive director may directly refer a case to a formal hearing if the investigative staff, the supervising medical consultant, ~~the~~ lead Board member concur after review of the physician’s case that a formal hearing is appropriate.
- B. The executive director shall provide to the Board at each regularly scheduled Board meeting a list of the physicians whose cases were referred to formal hearing since the preceding Board meeting and whether the referral is for revocation; or suspension or ~~is a~~ the result of an out- of-state disciplinary action; ~~or is~~ due to complexity of the case.

R4-16-507. Dismissal of Complaint

- A. The executive director, with ~~the~~ concurrence of the investigative staff, shall dismiss a complaint if the review shows the complaint is without merit and dismissal is appropriate.
- B. The executive director shall provide to the Board at each regularly scheduled Board meeting a ~~list of the physicians about whom complaints were dismissed since the preceding Board meeting~~ report that contains the information specified in A.R.S. § 32-1405(C)(21).

R4-16-508. Denial of License

- A. The executive director shall deny a license to an applicant who does not meet statutory requirements for licensure if the executive director, ~~in consultation with the~~ investigative staff and the supervising medical consultant concur after reviewing the application; that the applicant does not meet the statutory requirements.
- B. The executive director shall provide to the Board at each regularly scheduled Board meeting a list of the physicians whose applications were denied since the preceding Board meeting.

R4-16-509. Non-disciplinary Consent Agreement

The executive director may enter into a consent agreement under A.R.S. § 32-1451(F) with a physician to limit the physician’s practice or rehabilitate the physician if there is evidence that a licensee is mentally or physically unable to ~~safely~~ safely engage safely in the practice of medicine and the investigative staff, the supervising medical consultant, ~~the~~ lead Board member concur after review of the case that a consent agreement is appropriate.

R4-16-510. Appealing Executive Director Actions

- A. Any person aggrieved by an action taken by the executive director under the authority delegated in this Article may appeal that action to the Board. The aggrieved person shall file a written request ~~to~~ with the Board no later than:
  1. Thirty days after notification of the action, if personally served; or
  2. Thirty-five days after the date on the notification, if mailed.
- B. The aggrieved person shall provide, in the written request, evidence showing:
  1. An irregularity in the investigative process or the executive director’s review deprived the party of a fair decision; ~~or~~



- 2. Misconduct by Board staff, a Board consultant, or the executive director that deprived the party of a fair decision; or
- 3. Material evidence newly discovered that could have a bearing on the decision and that, with reasonable diligence, could not have been discovered and produced earlier.
- C. The fact that the aggrieved party does not agree with the ~~final decision~~ the executive director's action is not grounds for a review by the Board.
- D. If an aggrieved person fails to submit a written request within the time specified in subsection (A), the Board is relieved of the requirement to review actions taken by the executive director. The executive director may, however, evaluate newly provided information that is material or substantial in content to determine whether the Board should review the case.
- E. If a written request is submitted that meets the requirements of subsection (B):
  - 1. The Board shall consider the written request at its next regularly scheduled meeting.
  - 2. If the written request provides new material or substantial evidence that requires additional investigation, the investigation shall be conducted as expeditiously as possible and the case shall be forwarded to the Board at the first possible regularly scheduled meeting.

**NOTICE OF PROPOSED RULEMAKING  
TITLE 4. PROFESSIONS AND OCCUPATIONS  
CHAPTER 23. BOARD OF PHARMACY**

[R19-168]

**PREAMBLE**

- | <b><u>1. Articles, Parts, and Sections Affected</u></b> | <b><u>Rulemaking Action</u></b> |
|---|---------------------------------|
| R4-23-110   | Amend                           |
| R4-23-204   | Amend                           |
| R4-23-205   | Amend                           |
| R4-23-407   | Amend                           |
| R4-23-411   | Amend                           |
| R4-23-607   | Amend                           |
| R4-23-801   | Repeal                          |
| R4-23-1103  | Amend                           |
| R4-23-1106  | Amend                           |
- 2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**  
 Authorizing statute: A.R.S. § 32-1904(A)(1)  
 Implementing statute: A.R.S. §§ 32-1923.01, 32-1924(F), 32-1925, 32-1936, 32-1964, 32-1968, and 32-1974
  - 3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:**  
 Notice of Rulemaking Docket Opening: 25 A.A.R. 2092, August 16, 2019
  - 4. The agency's contact person who can answer questions about the rulemaking:**  
 Name: Kamlesh Gandhi  
 Address: Board of Pharmacy  
 1616 W. Adams St., Suite 120  
 Phoenix, AZ 85007  
 Telephone: (602) 771-2740  
 Fax: (602) 771-2749  
 E-mail: kgandhi@azpharmacy.gov  
 Website: www.azpharmacy.gov
  - 5. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered, to include an explanation about the rulemaking:**  
 The Board is complying with Executive Order 2019-01 by making minor changes to remove unnecessary or burdensome regulatory requirements and comply with statute. In a rulemaking approved by Council on April 2, 2019 (See 25 A.A.R. 1015, April 26, 2019), a definition of virtual wholesaler was removed to provide time for the Board to consider public comment. The revised definition of virtual wholesaler, as required under A.R.S. § 32-1901, is included in this rulemaking. Under Laws 2018, Chapter 228, the legislature amended A.R.S. § 32-1901, to remove reference to "graduate intern" so the term is removed from Sections included in this rulemaking. R4-23-205 is amended to add fees for temporary licenses as specifically authorized under A.R.S. § 32-3124(H), R4-23-204 is amended to comply with A.R.S. § 32-3248.02, and R4-23-1106 is amended to comply with A.R.S. § 32-1924(F). Exemptions from EO2019-01 were provided by Emily Rajakovich, in the Governor's Office, by e-mails dated April 1, 2019, and July 12, 2019.
  - 6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**  
 The Board does not propose to review or rely on any study in its evaluation of or justification for any rule in this rulemaking.



**7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**8. The preliminary summary of the economic, small business, and consumer impact:**

The Board believes the rulemaking will have minimal economic impact because it simply removes unnecessary or burdensome requirements or makes rule consistent with statute. An individual who chooses to obtain a temporary license will incur the cost of the fee for the temporary license but will have the benefit of being able to be employed while an application for licensure is processed.

**9. The agency's contact person who can answer questions about the economic, small business, and consumer impact statement:**

Name: Kamlesh Gandhi  
Address: Board of Pharmacy  
1616 W. Adams St., Suite 120  
Phoenix, AZ 85007  
Telephone: (602) 771-2740  
Fax: (602) 771-2749  
E-mail: kgandhi@azpharmacy.gov  
Website: www.azpharmacy.gov

**10. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

An oral proceeding regarding the proposed rules will be held as follows:

Date: Monday, October 7, 2019  
Time: 9:00 a.m.  
Location: Board of Pharmacy  
1616 W. Adams St., Suite 120  
Phoenix, AZ 85007

**11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

None

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

The licenses for which fees are established in R4-23-205 are general permits consistent with A.R.S. § 41-1037 because they are issued to qualified individuals or entities to conduct activities that are substantially similar in nature.

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**

No rule in this rulemaking is more stringent than federal law. There is federal law governing medications and those requiring a prescription order. However there is no federal law specific to the subject matter of this rulemaking.

**c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**

No analysis was submitted.

**12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**

None

**13. The full text of the rules follows:**

**TITLE 4. PROFESSIONS AND OCCUPATIONS**

**CHAPTER 23. BOARD OF PHARMACY**

**ARTICLE 1. ADMINISTRATION**

Section  
R4-23-110. Definitions

**ARTICLE 2. PHARMACIST LICENSURE**

Section  
R4-23-204. Continuing Education Requirements  
R4-23-205. Fees

**ARTICLE 4. PROFESSIONAL PRACTICES**

Section  
R4-23-407. Prescription Requirements  
R4-23-408. Computer Records



R4-23-411. Pharmacist-administered or ~~Pharmacy or Graduate~~ Intern-administered Immunizations

**ARTICLE 6. PERMITS AND DISTRIBUTION OF DRUGS**

Section  
R4-23-607. Nonresident Permits

**ARTICLE 8. DRUG CLASSIFICATION**

Section  
R4-23-801. ~~Dietary Supplements~~ Repealed

**ARTICLE 11. PHARMACY TECHNICIANS**

Section  
R4-23-1103. Pharmacy Technician Trainee Licensure  
R4-23-1106. Continuing Education Requirements

**ARTICLE 1. ADMINISTRATION**

**R4-23-110. Definitions**

In addition to definitions in A.R.S. § 32-1901, the following definitions apply to this Chapter:

“Active ingredient” means any component that furnishes pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease or that affects the structure or any function of the body of man or other animals. The term includes those components that may undergo chemical change in the manufacture of the drug, that are present in the finished drug product in a modified form, and that furnish the specified activity or effect.

“AHCCCS” means the Arizona Health Care Cost Containment System.

“Annual family income” means the combined yearly gross earned income and unearned income of all adult individuals within a family unit.

“Approved course in pharmacy law” means a continuing education activity that addresses practice issues related to state or federal pharmacy statutes, rules, or regulations.

“Approved Provider” means an individual, institution, organization, association, corporation, or agency that is approved by the Accreditation Council for Pharmacy Education (ACPE) in accordance with ACPE’s policy and procedures or by the Board as meeting criteria indicative of the ability to provide quality continuing education.

“Assisted living facility” means a residential care institution as defined in A.R.S. § 36-401.

“Authentication of product history” means identifying the purchasing source, the ultimate fate, and any intermediate handling of any component of a radiopharmaceutical or other drug.

“Automated dispensing system” means a mechanical system in a long-term care facility that performs operations or activities, other than compounding or administration, relative to the storage, packaging, counting, labeling, and dispensing of medications, and which collects, controls, and maintains all transaction information.

“Automated storage and distribution system” means a mechanical system that performs operations or activities other than counting, compounding, or administration, relative to the storage, packaging, or distributing of drugs or devices and that collects, controls, and maintains all transaction information.

“Batch” means a specific quantity of drug that has uniform character and quality, within specified limits, and is produced according to a single manufacturing order during the same cycle of manufacture.

“Beyond-use date” means:

A date determined by a pharmacist and placed on a prescription label at the time of dispensing to indicate a time beyond which the contents of the prescription are not recommended to be used; or

A date determined by a pharmacist and placed on a compounded pharmaceutical product’s label at the time of preparation as specified in R4-23-410(B)(3)(d), R4-23-410(I)(6)(e), or R4-23-410(J)(1)(d) to indicate a time beyond which the compounded pharmaceutical product is not recommended to be used.

“Biological safety cabinet” means a containment unit suitable for the preparation of low to moderate risk agents when there is a need for protection of the product, personnel, and environment, consistent with National Sanitation Foundation (NSF) standards, published in the National Sanitation Foundation Standard 49, Class II (Laminar Flow) Biohazard Cabinetry, NSF International P. O. Box 130140, Ann Arbor, MI, revised June 1987 edition, (and no future amendments or editions), incorporated by reference and on file with the Board.

“Care-giver” means a person who cares for someone who is sick or disabled or an adult who cares for an infant or child and includes a patient’s husband, wife, son, daughter, mother, father, sister, brother, legal guardian, nurse, or medical practitioner.

“Change of ownership,” as used in A.R.S. § 32-1901.01(A), means a change of at least 30 percent in voting stock or vested interest that has direct operational oversight.

“Community pharmacy” means any place under the direct supervision of a pharmacist where the practice of pharmacy occurs or where prescription orders are compounded and dispensed other than a hospital pharmacy or a limited service pharmacy.

“Component” means any ingredient used in compounding or manufacturing drugs in dosage form, including an ingredient that may not appear in the finished product.

“Compounding and dispensing counter” means a pharmacy counter working area defined in this Section where a pharmacist ~~or a graduate intern, pharmacy~~ intern, pharmacy technician, or pharmacy technician trainee under the supervision of a pharmacist compounds, mixes, combines, counts, pours, or prepares and packages a prescription medication to dispense an individual prescription order or prepackages a drug for future dispensing.



“Computer system” means an automated data-processing system that uses a programmable electronic device to store, retrieve, and process data.

“Computer system audit” means an accounting method, involving multiple single-drug usage reports and audits, used to determine a computer system’s ability to store, retrieve, and process original and refill prescription dispensing information.

“Contact hour” means 50 minutes of participation in a continuing education activity sponsored by an Approved Provider.

“Container” means:

A receptacle, as described in the official compendium or the federal act, that is used in manufacturing or compounding a drug or in distributing, supplying, or dispensing the finished dosage form of a drug; or

A metal receptacle designed to contain liquefied or vaporized compressed medical gas and used in manufacturing, transfilling, distributing, supplying, or dispensing a compressed medical gas.

“Continuing education” means a structured learning process required of a licensee to maintain licensure that includes study in the general areas of socio-economic and legal aspects of health care; the properties and actions of drugs and dosage forms; etiology, characteristics and therapeutics of disease status; or pharmacy practice.

“Continuing education activity” means continuing education obtained through an institute, seminar, lecture, conference, workshop, mediated instruction, programmed learning course, or postgraduate study in an accredited college or school of pharmacy.

“Continuing education unit” or “CEU” means 10 contact hours of participation in a continuing education activity sponsored by an Approved Provider.

“Continuous quality assurance program” or “CQA program” means a planned process designed by a pharmacy permittee to identify, evaluate, and prevent medication errors.

“Correctional facility” has the same meaning as in A.R.S. §§ 13-2501 and 31-341.

“CRT” means a cathode ray tube or other mechanism used to view information produced or stored by a computer system.

“CSPMP” means the Controlled Substances Prescription Monitoring Program established under A.R.S. Title 36, Chapter 28.

“Current good compounding practices” means the minimum standards for methods used in, and facilities or controls used for, compounding a drug to ensure that the drug has the identity and strength and meets the quality and purity characteristics it is represented to possess.

“Current good manufacturing practice” means the minimum standard for methods used in, and facilities or controls used for manufacturing, processing, packing, or holding a drug to ensure that the drug meets the requirements of the federal act as to safety, and has the identity and strength and meets the quality and purity characteristics it is represented to possess.

“Cytotoxic” means a pharmaceutical that is capable of killing living cells.

“Day” means a calendar day unless otherwise specified.

“DEA” means the Drug Enforcement Administration as defined in A.R.S. § 32-1901.

“Declared disaster areas” means areas designated by the governor or by a county, city, or town under A.R.S. § 32-1910 as those areas that have been adversely affected by a natural disaster or terrorist attack and require extraordinary measures to provide adequate, safe, and effective health care for the affected population.

“Delinquent license” means a pharmacist, ~~pharmacy intern, graduate intern,~~ or pharmacy technician license the Board suspends for failure to renew or pay all required fees on or before the date the renewal is due.

“Dietary supplement or food supplement,” as used in A.R.S. § 32-1904(B), means a product (other than tobacco) that:

Is intended to supplement the diet that contains one or more of the following dietary ingredients: a vitamin, ~~a~~ mineral, ~~an~~ herb or other botanical, ~~an~~ amino acid, ~~a~~ dietary substance for use by humans to supplement the diet by increasing the total daily intake, or ~~a~~ concentrate, metabolite, constituent, extract, or combinations of these ingredients;

Is intended for ingestion in pill, capsule, tablet, or liquid form;

Is not represented for use as a conventional food or as the sole item of a meal or diet; and

Is labeled as a “dietary supplement” or “food supplement.”

“Digital signature” has the same meaning as in A.R.S. § 41-132(E).

“Dispensing pharmacist” means a pharmacist who, in the process of dispensing a prescription medication after the complete preparation of the prescription medication and before delivery of the prescription medication to a patient or patient’s agent, verifies, checks, and initials the prescription medication label, as required in R4-23-402(A).

“Drug sample” means a unit of a prescription drug that a manufacturer provides free of charge to promote the sale of the drug.

“Durable medical equipment” or “DME” means technologically sophisticated medical equipment that may be used by a patient or consumer in a home or residence. DME may be prescription-only devices as defined in A.R.S. § 32-1901. DME includes:

- Air-fluidized beds,
- Apnea monitors,
- Blood glucose monitors and diabetic testing strips,
- Continuous Positive Airway Pressure (CPAP) machines,
- Electronic and computerized wheelchairs and seating systems,
- Feeding pumps,
- Home phototherapy devices,
- Hospital beds,
- Infusion pumps,
- Medical oxygen and oxygen delivery systems excluding compressed medical gases,
- Nebulizers,
- Respiratory disease management devices,



Sequential compression devices,  
Transcutaneous electrical nerve stimulation (TENS) unit, and  
Ventilators.

“Earned income” means monetary payments received by an individual as a result of work performed or rental property owned or leased by the individual, including:

Wages,  
Commissions and fees,  
Salaries and tips,  
Profit from self-employment,  
Profit from rent received from a tenant or boarder, and

Any other monetary payments received by an individual for work performed or rental of property.

“Electronic signature” has the same meaning as in A.R.S. § 44-7002.

“Eligible patient” means a patient who a pharmacist determines is eligible to receive an immunization using professional judgment after consulting with the patient regarding the patient’s current health condition, recent health condition, and allergies.

“Emergency drug supply unit” means those drugs that may be required to meet the immediate and emergency therapeutic needs of long-term care facility residents and hospice inpatient facility patients, and which are not available from any other authorized source in sufficient time to prevent risk of harm to residents or patients.

“Extreme emergency” means the occurrence of a fire, water leak, electrical failure, public disaster, or other catastrophe constituting an imminent threat of physical harm to pharmacy personnel or patrons.

“Family unit” means:

A group of individuals residing together who are related by birth, marriage, or adoption; or

An individual who:

Does not reside with another individual; or

Resides only with another individual or group of individuals to whom the individual is unrelated by birth, marriage, or adoption.

“FDA” means the Food and Drug Administration, a federal agency within the United States Department of Health and Human Services, established to set safety and quality standards for foods, drugs, cosmetics, and other consumer products.

“Health care decision maker” has the same meaning as in A.R.S. § 12-2291.

“Health care institution” has the same meaning as in A.R.S. § 36-401.

“Hospice inpatient facility” means a health care institution licensed under A.R.S. § 36-401 and Article 8 that provides hospice services to a patient requiring inpatient services.

“Immediate notice” means a required notice sent by mail, fax, or electronic mail to the Board Office within 24 hours.

“Immunizations training program” means an immunization training program for pharmacists, ~~and pharmacy interns, and graduate interns~~ that meets the requirements of R4-23-411(E).

“Inactive ingredient” means any component other than an “active ingredient” present in a drug.

“Internal test assessment” means performing quality assurance or other procedures necessary to ensure the integrity of a test.

“ISO Class 5 environment” means an atmospheric environment that complies with the ISO/TC209 International Cleanroom Standards, specifically ANSI/IEST/ISO-14644-1:1999: Cleanrooms and associated controlled environments--Part 1: Classification of air cleanliness, first edition dated May 1, 1999, (and no future amendments or editions), incorporated by reference and on file in the Board office.

“ISO Class 7 environment” means an atmospheric environment that complies with the ISO/TC209 International Cleanroom Standards, specifically ANSI/IEST/ISO-14644-1:1999: Cleanrooms and associated controlled environments--Part 1: Classification of air cleanliness, first edition dated May 1, 1999, (and no future amendments or editions), incorporated by reference and on file in the Board office.

“Licensed health care professional” means an individual who is licensed and regulated under A.R.S. Title 32, Chapter 7, 11, 13, 14, 15, 16, 17, 18, 25, 29, or 35.

“Limited-service correctional pharmacy” means a limited-service pharmacy, as defined in A.R.S. § 32-1901, that:

Holds a current Board permit under A.R.S. § 32-1931;

Is located in a correctional facility; and

Uses pharmacists, interns, and support personnel to compound, produce, dispense, and distribute drugs.

“Limited-service long-term care pharmacy” means a limited-service pharmacy, as defined in A.R.S. § 32-1901, that holds a current Board-issued permit and dispenses prescription medication or prescription-only devices to patients in long-term care facilities.

“Limited-service mail-order pharmacy” means a limited-service pharmacy, as defined in A.R.S. § 32-1901, that holds a current Board permit under A.R.S. § 32-1931 and dispenses a majority of its prescription medication or prescription-only devices by mailing or delivering the prescription medication or prescription-only device to an individual by the United States mail, a common or contract carrier, or a delivery service.

“Limited-service nuclear pharmacy” means a limited-service pharmacy, as defined in A.R.S. § 32-1901, that holds a current Board permit under A.R.S. § 32-1931 and provides radiopharmaceutical services.

“Limited-service pharmacy permittee” means a person who holds a current limited-service pharmacy permit in compliance with A.R.S. §§ 32-1929, 32-1930, 32-1931, and A.A.C. R4-23-606.



“Limited-service sterile pharmaceutical products pharmacy” means a limited-service pharmacy, as defined in A.R.S. § 32-1901, that holds a current Board permit under A.R.S. § 32-1931 and dispenses a majority of its prescription medication or prescription-only devices as sterile pharmaceutical products.

“Long-term care consultant pharmacist” means a pharmacist providing consulting services to a long-term care facility.

“Long-term care facility” or “LTCF” means a nursing care institution as defined in A.R.S. § 36-401.

“Lot” means a batch or any portion of a batch of a drug, or if a drug produced by a continuous process, an amount of drug produced in a unit of time or quantity in a manner that assures its uniformity. In either case, a lot is identified by a distinctive lot number and has uniform character and quality with specified limits.

“Lot number” or “control number” means any distinctive combination of letters or numbers, or both, from which the complete history of the compounding or manufacturing, control, packaging, and distribution of a batch or lot of a drug can be determined.

“Low-income subsidy” means Medicare-provided assistance that may partially or fully cover the costs of drugs and is based on the income of an individual and, if applicable, the individual’s spouse.

“Materials approval unit” means any organizational element having the authority and responsibility to approve or reject components, in-process materials, packaging components, and final products.

“Mechanical counting device for a drug in solid, oral dosage form” means a mechanical device that counts drugs in solid, oral dosage forms for dispensing and includes an electronic balance when used to count drugs.

“Mechanical storage and counting device for a drug in solid, oral dosage form” means a mechanical device that stores and counts and may package or label drugs in solid, oral dosage forms for dispensing.

“Mediated instruction” means information transmitted via intermediate mechanisms such as audio or video tape or telephone transmission.

“Medical practitioner-patient relationship” means that before prescribing, dispensing, or administering a prescription-only drug, prescription-only device, or controlled substance to a person, a medical practitioner, as defined in A.R.S. § 32-1901, shall first conduct a physical examination of that person or have previously conducted a physical examination. This subdivision does not apply to:

A medical practitioner who provides temporary patient supervision on behalf of the patient’s regular treating medical practitioner;

Emergency medical situations as defined in A.R.S. § 41-1831;

Prescriptions written to prepare a patient for a medical examination; or

Prescriptions written, prescription-only drugs, prescription-only devices, or controlled substances issued for use by a county or tribal public health department for immunization programs, emergency treatment, in response to an infectious disease investigation, public health emergency, infectious disease outbreak or act of bioterrorism. For purposes of this subsection, “bioterrorism” has the same meaning as in A.R.S. § 36-781.

“Medicare” means a federal health insurance program established under Title XVIII of the Social Security Act.

“Medication error” means any unintended variation from a prescription or medication order. Medication error does not include any variation that is corrected before the medication is dispensed to the patient or patient’s care-giver, or any variation allowed by law.

“Mobile pharmacy” means a pharmacy that is self-propelled or movable by another vehicle that is self-propelled.

“MPJE” means Multistate Pharmacy Jurisprudence Examination, a Board-approved national pharmacy law examination written and administered in cooperation with NABP.

“NABP” means National Association of Boards of Pharmacy.

“NABPLEX” means National Association of Boards of Pharmacy Licensure Examination.

“NAPLEX” means North American Pharmacist Licensure Examination.

“Order” means either of the following:

A prescription order as defined in A.R.S. § 32-1901; or

A medication order as defined in A.A.C. R4-23-651.

“Other designated personnel” means a non-pharmacist individual who is permitted in the pharmacy area, for a limited time, under the direct supervision of a pharmacist, to perform non-pharmacy related duties, such as trash removal, floor maintenance, and telephone or computer repair.

“Outpatient” means an individual who is not a residential patient in a health care institution.

“Outpatient setting” means a location that provides medical treatment to an outpatient.

“Patient profile” means a readily retrievable, centrally located information record that contains patient demographics, allergies, and medication profile.

“Pharmaceutical patient care services” means the provision of drug selection, drug utilization review, drug administration, drug therapy monitoring, and other drug-related patient care services intended to achieve outcomes related to curing or preventing a disease, eliminating or reducing a patient’s symptoms, or arresting or slowing a disease process, by identifying and resolving or preventing potential and actual drug-related problems.

“Pharmaceutical product” means a medicinal drug.

“Pharmacy counter working area” means a clear and continuous working area that contains no major obstacles such as a desktop computer, computer monitor, computer keyboard, external computer drive device, printer, fax machine, pharmacy balance, typewriter, or pill-counting machine, but may contain individual documents or prescription labels, pens, prescription blanks, refill log, pill-counting tray, spatula, stapler, or other similar items necessary for the prescription-filling process.

“Pharmacy law continuing education” means a continuing education activity that addresses practice issues related to state or federal pharmacy statutes, rules, or regulations, offered by an Approved Provider.



“Pharmacy permittee” means a person who holds a current pharmacy permit that complies with A.R.S. §§ 32-1929, 32-1930, 32-1931, 32-1934, and R4-23-606 and R4-23-652.

“Physician” means a medical practitioner licensed under A.R.S. Title 32, Chapter 13 or 17.

“Physician-in-charge” means a physician who is responsible to the Board for all aspects of a prescription medication donation program required in A.R.S. § 32-1909 and operated in the physician’s office or in a health care institution.

“Poverty level” means the annual family income for a family unit of a particular size, as specified in the poverty guidelines updated annually in the *Federal Register* by the U.S. Department of Health and Human Services.

“Precursor chemical” means a precursor chemical I as defined in A.R.S. § 13-3401(26) and a precursor chemical II as defined in A.R.S. § 13-3401(27).

“Prepackaged drug” means a drug that is packaged in a frequently prescribed quantity, labeled in compliance with A.R.S. §§ 32-1967 and 32-1968, stored, and subsequently dispensed by a pharmacist or a graduate intern or pharmacy intern under the supervision of a pharmacist, who verifies at the time of dispensing that the drug container is properly labeled, in compliance with A.R.S. § 32-1968, for the patient.

“Prep area” means a specified area either within an ISO class 7 environment or adjacent to but outside an ISO class 7 environment that:

Allows the assembling of necessary drugs, supplies, and equipment for compounding sterile pharmaceutical products, but does not allow the use of paper products such as boxes or bulk drug storage;

Allows personnel to don personnel protective clothing, such as gown, gloves, head cover, and booties before entering the clean compounding area; and

Is a room or a specified area within a room, such as an area specified by a line on the floor.

“Primary care provider” means the medical practitioner who is treating an individual for a disease or medical condition.

“Proprietor” means the owner of a business permitted by the Board under A.R.S. §§ 32-1929, 32-1930, 32-1931, and 32-1934.

“Provider pharmacy” means a pharmacy that contracts with a long-term care facility to supply prescription medication or other services for residents of a long-term care facility.

“Radiopharmaceutical” means any drug that emits ionizing radiation and includes:

Any nonradioactive reagent kit, nuclide generator, or ancillary drug intended to be used in the preparation of a radiopharmaceutical, but does not include drugs such as carbon-containing compounds or potassium-containing salts, that contain trace quantities of naturally occurring radionuclides; and

Any biological product that is labeled with a radionuclide or intended to be labeled with a radionuclide.

“Radiopharmaceutical quality assurance” means performing and interpreting appropriate chemical, biological, and physical tests on radiopharmaceuticals to determine the suitability of the radiopharmaceutical for use in humans and animals. Radiopharmaceutical quality assurance includes internal test assessment, authentication of product history, and appropriate record retention.

“Radiopharmaceutical services” means procuring, storing, handling, compounding, preparing, labeling, quality assurance testing, dispensing, distributing, transferring, recordkeeping, and disposing of radiochemicals, radiopharmaceuticals, and ancillary drugs. Radiopharmaceutical services include quality assurance procedures, radiological health and safety procedures, consulting activities associated with the use of radiopharmaceuticals, and any other activities required for the provision of pharmaceutical care.

“Red C stamp” means a device used with red ink to imprint an invoice with a red letter C at least one inch high, to make an invoice of a Schedule III through IV controlled substance, as defined in A.R.S. § 36-2501, readily retrievable, as required by state and federal rules.

“Refill” means other than the original dispensing of the prescription order, dispensing a prescription order in the same quantity originally ordered or in multiples of the originally ordered quantity when specifically authorized by the prescriber, if the refill is authorized by the prescriber:

In the original prescription order;

By an electronically transmitted refill order that the pharmacist promptly documents and files; or

By an oral refill order that the pharmacist promptly documents and files.

“Regulated chemical” means the same as in A.R.S. § 13-3401(30).

“Remodel” means to alter structurally the pharmacy area or location.

“Remote drug storage area” means an area that is outside the premises of the pharmacy, used for the storage of drugs, locked to deny access by unauthorized persons, and secured against the use of force.

“Resident” means:

An individual admitted to and living in a long-term care facility or an assisted living facility,

An individual who has a place of habitation in Arizona and lives in Arizona as other than a tourist, or

A person ~~who~~ that owns or operates a place of business in Arizona.

“Responsible person” means the owner, manager, or other employee who is responsible to the Board for a permitted establishment’s compliance with the laws and administrative rules of this state and of the federal government pertaining to distribution of drugs, devices, precursor chemicals, and regulated chemicals. Nothing in this definition relieves other individuals from the responsibility to comply with state and federal laws and administrative rules.

“Score transfer” means the process that enables an applicant to take the NAPLEX in a jurisdiction and be eligible for licensure by examination in other jurisdictions.

“Security features” means attributes incorporated into the paper of a prescription order, referenced in A.R.S. § 32-1968(A)(4), that are approved by the Board or its staff and include one or more of the following designed to prevent duplication or aid the authentication of a paper document: laid lines, enhanced laid lines, thermochromic ink, artificial watermark, fluorescent ink,



chemical void, persistent void, penetrating numbers, high-resolution border, high-resolution latent images, micro-printing, prismatic printing, embossed images, abrasion ink, holograms, and foil stamping.

“Shared order filling” means the following:

- Preparing, packaging, compounding, or labeling an order, or any combination of these functions, that are performed by:
  - A person with a current Arizona Board license, located at an Arizona pharmacy, on behalf of and at the request of another resident or nonresident pharmacy; or
  - A person, located at a nonresident pharmacy, on behalf of and at the request of an Arizona pharmacy; and
- Returning the filled order to the requesting pharmacy for delivery to the patient or patient’s care-giver or, at the request of this pharmacy, directly delivering the filled order to the patient.

“Shared order processing” means the following:

- Interpreting the order, performing order entry verification, drug utilization review, drug compatibility and drug allergy review, final order verification, and when necessary, therapeutic intervention, or any combination of these order processing functions, that are performed by:
  - A pharmacist or intern, under pharmacist supervision, with a current Arizona Board license, located at an Arizona pharmacy, on behalf of and at the request of another resident or nonresident pharmacy: or
  - A pharmacist or intern, under pharmacist supervision, located at a nonresident pharmacy, on behalf of and at the request of an Arizona pharmacy; and
- After order processing is completed, returning the processed order to the requesting pharmacy for order filling and delivery to the patient or patient’s care-giver or, at the request of this pharmacy, returning the processed order to another pharmacy for order filling and delivery to the patient or patient’s care-giver.

“Shared services” means shared order filling or shared order processing, or both.

“Sight-readable” means that an authorized individual is able to examine a record and read its information from a CRT, microfiche, microfilm, printout, or other method acceptable to the Board or its designee.

“Single-drug audit” means an accounting method that determines the numerical and percentage difference between a drug’s beginning inventory plus purchases and ending inventory plus sales.

“Single-drug usage report” means a computer system printout of original and refill prescription order usage information for a single drug.

“Standard-risk sterile pharmaceutical product” means a sterile pharmaceutical product compounded from sterile commercial drugs using sterile commercial devices or a sterile pharmaceutical optic or ophthalmic product compounded from non-sterile ingredients.

“State of emergency” means a governmental declaration issued under A.R.S. § 32-1910 as a result of a natural disaster or terrorist attack that results in individuals being unable to refill existing prescriptions.

“Sterile pharmaceutical product” means a medicinal drug free from living biological organisms.

“Strength” means:

- The concentration of the drug substance (for example, weight/weight, weight/volume, or unit dose/volume basis); or
- The potency, that is, the therapeutic activity of a drug substance as indicated by bioavailability tests or by controlled clinical data (expressed, for example, in terms of unity by reference to a standard).

“Substantial-risk sterile pharmaceutical product” means a sterile pharmaceutical product compounded as a parenteral or injectable dosage form from non-sterile ingredients.

“Supervision” means a pharmacist is present, assumes legal responsibility, and has direct oversight of activities relating to acquiring, preparing, distributing, administering, and selling prescription medications by ~~pharmacy~~ interns, ~~graduate interns~~, pharmacy technicians, or pharmacy technician trainees and when used in connection with the intern training requirements means that, in a pharmacy where intern training occurs, ~~a pharmacy an~~ intern preceptor assumes the primary responsibility of teaching the intern during the entire period of the training.

“Supplying” means selling, transferring, or delivering to a patient or a patient’s agent one or more doses of:

- A nonprescription drug in the manufacturer’s original container for subsequent use by the patient, or
- A compressed medical gas in the manufacturer’s or compressed medical gas distributor’s original container for subsequent use by the patient.

“Support personnel” means an individual, working under the supervision of a pharmacist, trained to perform clerical duties associated with the practice of pharmacy, including cashing, bookkeeping, pricing, stocking, delivering, answering non-professional telephone inquiries, and documenting third-party reimbursement. Support personnel shall not perform the tasks of a pharmacist, ~~pharmacy~~ intern, ~~graduate intern~~, pharmacy technician, or pharmacy technician trainee.

“Temporary pharmacy facility” means a facility established as a result of a declared state of emergency to temporarily provide pharmacy services within or adjacent to declared disaster areas.

“Tourist” means an individual who is living in Arizona but maintains a place of habitation outside of Arizona and lives outside of Arizona for more than six months during a calendar year.

“Transfill” means a manufacturing process by which one or more compressed medical gases are transferred from a bulk container to a properly labeled container for subsequent distribution or supply.

“Unearned income” means monetary payment received by an individual that is not compensation for work performed or rental of property owned or leased by the individual, including:

- Unemployment insurance,
- Workers’ compensation,
- Disability payments,



Payments from the Social Security Administration,  
 Payments from public assistance,  
 Periodic insurance or annuity payments,  
 Retirement or pension payments,  
 Strike benefits from union funds,  
 Training stipends,  
 Child support payments,  
 Alimony payments,  
 Military family allotments,  
 Regular support payments from a relative or other individual not residing in the household,  
 Investment income,  
 Royalty payments,  
 Periodic payments from estates or trusts, and  
 Any other monetary payments received by an individual that are not:  
     As a result of work performed or rental of property owned by the individual,  
     Gifts,  
     Lump-sum capital gains payments,  
     Lump-sum inheritance payments,  
     Lump-sum insurance payments, or  
     Payments made to compensate for personal injury.

“Verified signature” or “signature verifying” means in relation to a Board license or permit application or report, form, or agreement, the hand-written or electronic signature of an individual who, by placing a hand-written or electronic signature on a hard-copy or electronic license or permit application or report, form, or agreement agrees with and verifies that the statements and information within or attached to the license or permit application or report, form, or agreement are true in every respect and that inaccurate reporting can result in denial or loss of a license or permit or report, form, or agreement.

“Veteran” means an individual who has served in the United States Armed Forces.

“Virtual manufacturer” means an entity that contracts for the manufacture of a drug or device for which the entity:

Owns the New Drug Application or Abbreviated New Drug Application number, as defined by the FDA, for a drug;  
 Owns the Unique Device Identification number, as defined by the FDA, for a prescription device;  
 Is not involved in the physical manufacture of the drug or device; and  
 Contracts with an Arizona-permitted manufacturing entity for the physical manufacture of the drug or device; or  
 If the contracted manufacturing entity is in a location not included in the definition at A.R.S. 32-1901 of other jurisdiction, the virtual manufacturer ensures the facility is inspected every time the virtual manufacturer submits an initial or renewal application and determined to comply with current good manufacturing practices as defined by the federal act and the official compendium.

Virtual manufacturer includes an entity that may be identified as an own-label distributor, which contracts with a manufacturer to produce a drug or device and with another entity to package and label the drug or device, which is then sold under the distributor’s name or another name.

“Virtual wholesaler” means an entity that engages in the wholesale distribution of a drug or device in, into, or out of Arizona but does not take physical possession of the drug or device. A virtual wholesaler distributes a drug or device only from a Board-permitted facility to:

A Board-permitted pharmacy, drug manufacturer, full-service drug wholesaler, or non-prescription drug wholesaler; or  
A medical practitioner licensed under A.R.S. Title 32; and

Virtual wholesaler includes an entity that may be identified as a broker that buys and sells goods for others or a person that facilitates distribution of a drug, chemical, or device regulated by the Board.

“Wholesale distribution” means distribution of a drug to a person other than a consumer or patient, but does not include:

Selling, purchasing, or trading a drug or offering to sell, purchase, or trade a drug for emergency medical reasons. For purposes of this Section, “emergency medical reasons” includes transferring a prescription drug by a community or hospital pharmacy to another community or hospital pharmacy to alleviate a temporary shortage;

Selling, purchasing, or trading a drug, offering to sell, purchase, or trade a drug, or dispensing a drug as specified in a prescription;

Distributing a drug sample by a manufacturers’ or distributors’ representative; or

Selling, purchasing, or trading blood or blood components intended for transfusion.

“Wholesale distributor” means any person engaged in wholesale distribution of drugs, including: manufacturers; repackers; own-label distributors; private-label distributors; jobbers; brokers; warehouses, including manufacturers’ and distributors’ warehouses, chain drug warehouses, and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies that conduct wholesale distributions in the amount of at least 5% of gross sales.

## ARTICLE 2. PHARMACIST LICENSURE

### R4-23-204. Continuing Education Requirements

A. ~~General.~~ Under A.R.S. § 32-1936, continuing professional pharmacy education is mandatory for all licensees.

1. ~~General continuing education requirement.~~ In accordance with A.R.S. § ~~32-1925(G)~~ 32-1925(F), the Board shall not renew a license unless the ~~applicant~~ licensee has, during the two years preceding the application for renewal, participated in 30 contact



hours (3.0 CEU's CEUs) of continuing education activity sponsored by an Approved Provider as defined in R4-23-110, of which at least three contact hours (0.3 CEU's) are approved courses in pharmacy law. Subject to A.R.S. § 32-1937, a pharmacist licensed for less than 24 months shall obtain continuing education units in an amount determined by multiplying 1.25 hours times the number of months between the date of initial licensure and the next license renewal date.

- 2. Special continuing education requirement. The Board shall not renew a license unless:
  - a. A licensee certified under R4-23-411 to administer immunizations, vaccines, and emergency medications has participated in at least two contact hours of continuing education activity related to administering immunizations, vaccines, and emergency medications; and
  - b. A licensee authorized to dispense controlled substances has participated in at least three contact hours of opioid-related, substance use disorder-related, or addiction-related continuing education activity.
- 3. A pharmacist is exempt from the continuing education requirement in subsections (A)(1) and (2) between the time of initial licensure and first renewal.

- B. Acceptance of continuing education units (~~CEU's~~) CEUs. The Board shall:
  - 1. ~~Only accept CEU's~~ Accept CEUs for continuing education activities sponsored only by an Approved Provider;
  - 2. ~~Only accept CEU's~~ Accept CEUs accrued only during the two-year period immediately before licensure renewal;
  - 3. Not allow ~~CEU's~~ CEUs accrued in a biennial renewal period ~~in excess of the 3.0 CEU's required~~ to be carried forward to the succeeding biennial renewal period;
  - 4. Allow a pharmacist who leads, instructs, or lectures to a group of health professionals on pharmacy-related topics in a continuing education ~~activities~~ activity sponsored by an Approved Provider to receive ~~CEU's~~ CEUs for a presentation by following the same attendance procedures as any other attendee of the continuing education activity; and
  - 5. Not accept as ~~CEU's~~ CEUs the performance of normal teaching duties within a learning institution by a pharmacist whose primary responsibility is the education of health professionals.
- C. Continuing education records and reporting ~~CEU's~~ CEUs. A pharmacist shall:
  - 1. No change
    - a. No change
    - b. No change
  - 2. At the time of licensure renewal, attest to the number of ~~CEU's~~ CEUs the pharmacist participated in during the renewal period on the biennial renewal form; and
  - 3. No change
- D. No change
- E. No change

**R4-23-205. Fees**

- A. No change
  - 1. No change
  - 2. No change
- B. No change
  - 1. No change
    - a. No change
    - b. No change
  - 2. ~~Pharmacy or graduate intern~~ Intern. Initial licensure: \$50.
  - 3. No change
    - a. No change
    - b. No change
  - 4. Temporary license valid for 30 days:
    - a. Pharmacist: \$120.
    - b. Intern: \$50.
    - c. Pharmacy technician: \$50.
- C. No change
  - 1. No change
  - 2. No change
    - a. No change
    - b. No change
    - c. No change
  - 3. No change
  - 4. ~~Nonprescription drug, retail:~~
    - a. ~~Category I (30 or fewer items): \$120 biennially.~~
    - b. ~~Category II (more than 30 items): \$200 biennially.~~
  - ~~5.4.~~ No change
  - ~~6.5.~~ No change
  - ~~7.6.~~ No change
- D. No change
  - 1. No change
  - 2. No change
- E. No change
- F. No change
- G. No change



1. No change
2. No change
3. No change
- H. No change
  1. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
  2. No change
  3. No change
  4. No change
- I. No change
- J. No change
  1. No change
  2. No change

#### ARTICLE 4. PROFESSIONAL PRACTICES

##### R4-23-407. Prescription Requirements

- A. Prescription orders. A pharmacist shall ensure that:
1. A prescription order the pharmacist uses to dispense a drug or device includes the following information:
    - a. Date of issuance;
    - b. Name and address of the patient for whom or the owner of the animal for which the drug or device is dispensed;
    - c. Drug name, strength, and dosage form or device name;
    - d. Name of the manufacturer or distributor of the drug or device if the prescription order is written generically or a substitution is made;
    - e. Prescribing medical practitioner's directions for use;
    - f. Date of dispensing;
    - g. Quantity prescribed and if different, quantity dispensed;
    - h. For a prescription order for a controlled substance, the medical practitioner's address and DEA number;
    - i. For a written prescription order, the medical practitioner's signature;
    - j. For an electronically transmitted prescription order, the medical practitioner's digital or electronic signature;
    - k. For an oral prescription order, the medical practitioner's name and telephone number; and
    - l. Name or initials of the dispensing pharmacist;
  2. A prescription order is kept by the pharmacist or pharmacy permittee as a record of the dispensing of a drug or device for seven years from the date the drug or device is dispensed, ~~except for a drug or device personally administered by a medical practitioner to the medical practitioner's patient;~~ and
  3. The dispensing of a drug or device complies with the packaging requirements of the official compendium and state and federal law.
  4. If the drug dispensed is a schedule II controlled substance that is an opioid, the drug is placed in a container that has a red cap and a warning label stating "CAUTION: OPIOID, Risk of Overdose and Addiction" or other similarly clear language indicating the possibility of overdose and addiction. Under delegation from the Board, the Executive Director may waive the red-cap requirement if implementing the requirement is not feasible because of the specific dosage form or packaging type.
- B. Prescription refills. A pharmacist shall ensure that the following information is recorded on the back of a prescription order when it is refilled:
1. Date refilled,
  2. Quantity dispensed,
  3. Name or approved abbreviation of the manufacturer or distributor if the prescription order is written generically or a substitution is made, and
  4. The name or initials of the dispensing pharmacist.
- ~~C.~~ Prescription order adaptation. Except for a prescription order for a controlled substance, a pharmacist, using professional judgment, may make the following adaptations to a prescription order if the pharmacist documents the adaptation in the patient's record:
1. Change the prescribed quantity if the prescribed quantity is not a package size commercially available from the manufacturer;
  2. Change the prescribed dosage form or directions for use if the change achieves the intent of the prescribing medical practitioner;
  3. Complete missing information on the prescription order if there is sufficient evidence to support the change; and
  4. Extend the quantity of a maintenance drug for the limited quantity necessary to achieve medication refill synchronization for the patient.
- ~~C.D.~~ A pharmacist may furnish a copy of a prescription order to the patient for whom it is prescribed or to the authorized representative of the patient if the copy is clearly marked "COPY FOR REFERENCE PURPOSES ONLY" or other similar statement. A copy of a prescription order is not a valid prescription order and a pharmacist shall not dispense a drug or device from the information on a copy.
- ~~D.E.~~ Transfer of prescription order information. For a transfer of prescription order information to be valid, a pharmacy permittee or pharmacist-in-charge shall ensure that:
1. Both the original and the transferred prescription order are maintained for seven years after the last dispensing date;
  2. The original prescription order information for a Schedule III, IV, or V controlled substance is transferred only as specified in 21 CFR 1306.25, ~~published April 1, 2008, and no future amendments or editions, incorporated by reference, and on file with the~~



Board, and available from the U.S. Government Printing Office, U.S. Superintendent of Documents, Washington, DC 20402-0001;

- 3. The original prescription order information for a non-controlled substance drug is transferred without limitation only up to the number of originally authorized refills;
- 4. For a transfer within Arizona:
  - a. The transfer of original prescription order information for a non-controlled substance drug meets the following conditions:
    - i. The transfer of information is communicated electronically, verbally, or by fax directly between:
      - (1) Two licensed pharmacists,
      - (2) A licensed pharmacist and a licensed ~~pharmacy or graduate~~ intern, or
      - (3) Two licensed ~~pharmacy or graduate~~ interns;
    - ii. The following information is recorded by the transferring pharmacist or ~~pharmacy or graduate~~ intern:
      - (1) The word “void” is written on the face of the invalidated original prescription unless it is an electronic or oral transfer and the transferred prescription order information is invalidated in the transferring pharmacy’s computer system; and
      - (2) The name and identification code, number, or address and telephone number of the pharmacy to which the prescription is transferred, the name of the receiving pharmacist or ~~pharmacy or graduate~~ intern, the date of transfer, and the name of the transferring pharmacist or ~~pharmacy or graduate~~ intern is written on the back of the prescription or entered into the transferring pharmacy’s computer system; and
    - iii. The following information is recorded by the receiving pharmacist or ~~pharmacy or graduate~~ intern on the transferred prescription order:
      - (1) The word “transfer;”
      - (2) Date of issuance of the original prescription order;
      - (3) Original number of refills authorized on the original prescription order;
      - (4) Date of original dispensing;
      - (5) Number of valid refills remaining and the date of the last refill;
      - (6) Name and identification code, number, or address, telephone number, and original prescription number of the pharmacy from which the prescription is transferred;
      - (7) Name of the transferring pharmacist or ~~pharmacy or graduate~~ intern; and
      - (8) Name of the receiving pharmacist or ~~pharmacy or graduate~~ intern;
  - b. The transfer of original prescription order information for a Schedule III, IV, or controlled substance meets the following conditions:
    - i. The transfer of information is communicated directly between two licensed pharmacists or interns electronically; or verbally, or by fax;
    - ii. The following information is recorded by the transferring pharmacist or intern:
      - (1) The word “void” is written on the face of the invalidated original prescription order unless it is an electronic or oral transfer and the transferred prescription order information is invalidated in the transferring pharmacy’s computer system; and
      - (2) The name, address, and DEA number of the pharmacy to which the prescription is transferred, the name of the receiving pharmacist, the date of transfer, and the name of the transferring pharmacist is written on the back of the prescription order or entered into the transferring pharmacy’s computer system; and
    - iii. The following information is recorded by the receiving pharmacist on the transferred prescription order:
      - (1) The word “transfer;”
      - (2) Date of issuance of original prescription order;
      - (3) Original number of refills authorized on the original prescription order;
      - (4) Date of original dispensing;
      - (5) Number of valid refills remaining and the date of the last refill;
      - (6) Name, address, DEA number, and original prescription number of the pharmacy from which the prescription is transferred;
      - (7) Name of the transferring pharmacist; and
      - (8) Name of the receiving pharmacist;
- 5. For a transfer from out-of-state:
  - a. The transfer of original prescription order information for a non-controlled substance drug meets the conditions in subsections ~~(D)(4)(a)(i)~~ (E)(4)(a)(i) and ~~(D)(4)(a)(iii)~~ (E)(4)(a)(iii); and
  - b. The transfer of original prescription order information for a Schedule III, IV, or V controlled substance meets the conditions in subsections ~~(D)(4)(b)(i)~~ (E)(4)(b)(i) and ~~(D)(4)(b)(iii)~~ (E)(4)(b)(iii); and
- 6. For an electronic transfer, the electronic transfer of original prescription order information meets the following conditions:
  - a. The electronic transfer is between pharmacies owned by the same company using a common or shared database;
  - b. The electronic transfer of original prescription order information for a non-controlled substance drug is performed by a pharmacist or a ~~pharmacy or graduate~~ intern, pharmacy technician trainee, or pharmacy technician under the supervision of a pharmacist;
  - c. The electronic transfer of original prescription order information for a controlled substance is performed between two licensed pharmacists;
  - d. The electronic transfer of original prescription order information for a non-controlled substance drug meets the following conditions:
    - i. The transferring pharmacy’s computer system:
      - (1) Invalidates the transferred original prescription order information;



- (2) Records the identification code, number, or address of the pharmacy to which the prescription order information is transferred;
- (3) Records the name or identification code of the receiving pharmacist, ~~pharmacy or graduate~~ intern, pharmacy technician trainee, or pharmacy technician; and
- (4) Records the date of transfer; and
- ii. The receiving pharmacy's computer system;
  - (1) Records that a prescription transfer occurred;
  - (2) Records the date of issuance of the original prescription order;
  - (3) Records the original number of refills authorized on the original prescription order;
  - (4) Records the date of original dispensing;
  - (5) Records the number of valid refills remaining and the date of the last refill;
  - (6) Records the identification code, number, or address and original prescription number of the pharmacy from which the prescription is transferred;
  - (7) Records the name or identification code of the receiving pharmacist or ~~pharmacy or graduate~~ intern, pharmacy technician trainee, or pharmacy technician; and
  - (8) Records the date of transfer;
- e. The electronic transfer of original prescription order information for a controlled substance meets the following conditions:
  - i. The transferring pharmacy's computer system:
    - (1) Invalidates the transferred original prescription order information;
    - (2) Records the identification code, number, or address, and DEA number of the pharmacy to which the prescription order information is transferred;
    - (3) Records the name or identification code of the receiving pharmacist;
    - (4) Records the date of transfer; and
    - (5) Records the name or identification code of the transferring pharmacist; and
  - ii. The electronic prescription order information received by the computer system of the receiving pharmacy includes the information required in subsection ~~(D)(4)(b)(iii)~~ (E)(4)(b)(iii); and
- f. In addition to electronic documentation of a transferred prescription order in the computer system, an original prescription order containing the requirements of this Section is filed in compliance with A.R.S. § 32-1964.

**~~E.F.~~** Transmission of a prescription order from a medical practitioner to a pharmacy by fax.

- 1. A medical practitioner or medical practitioner's agent may transmit a prescription order for a Schedule III, IV, or V controlled substance, prescription-only drug, or nonprescription drug to a pharmacy by fax under the following conditions:
  - a. The prescription order is faxed only to the pharmacy of the patient's choice;
  - b. The faxed prescription order:
    - i. Contains all the information required for a prescription order in A.R.S. §§ 32-1968 and 36-2525; and
    - ii. Is only faxed from the medical practitioner's practice location, except that a nurse in a hospital, long-term care facility, or inpatient hospice may send a fax of a prescription order for a patient of the facility; and
  - c. The faxed prescription order shall contain the following additional information:
    - i. The date the prescription order is faxed;
    - ii. The fax number of the prescribing medical practitioner or the facility from which the prescription order is faxed, and the telephone number of the facility; and
    - iii. The name of the person who transmits the fax, if other than the medical practitioner.
- 2. A medical practitioner or medical practitioner's agent may fax a prescription order for a Schedule II controlled substance for information purposes only, unless the faxed prescription order meets the requirements of A.R.S. § 36-2525(F) and (G).
- 3. A pharmacy may receive a faxed prescription order for a Schedule II controlled substance for information purposes only, except a faxed prescription order for a Schedule II controlled substance that meets the requirements of A.R.S. § 36-2525(F) and (G) may serve as the original written prescription order.
- 4. To meet the seven-year record retention requirement of A.R.S. § 32-1964, a pharmacy shall receive a faxed prescription order ~~on a plain paper fax machine, except a pharmacy that does not have a plain paper fax machine~~ or may make a copy photocopy of the faxed prescription order received on a non-plain paper fax machine.
- 5. A medical practitioner or the medical practitioner's agent may fax refill authorizations to a pharmacy if the faxed authorization includes the medical practitioner's telephone ~~number~~ and fax ~~number numbers~~, the medical practitioner's signature or medical practitioner's agent's name, and date of authorization.

**~~F.G.~~** Electronic transmission of a prescription order from a medical practitioner to a pharmacy.

- 1. Unless otherwise prohibited by law, a medical practitioner or medical practitioner's agent may transmit a prescription order by electronic means, directly or through an intermediary, including an E-prescribing network, to the dispensing pharmacy as specified in A.R.S. § 32-1968.
- 2. For electronic transmission of a Schedule II, III, IV, or V controlled substance prescription order, the medical practitioner and pharmacy shall ensure that the transmission complies with any security or other requirements of federal law.
- 3. The medical practitioner and pharmacy shall ensure that all electronic transmissions comply with all the security requirements of state or federal law related to the privacy of protected health information.
- 4. In addition to the information required to be included on a prescription order as specified in A.R.S. § 32-1968, an electronically transmitted prescription order shall include:
  - a. The date of transmission; and
  - b. If the individual transmitting the prescription is not the medical practitioner, the name of the medical practitioner's authorized agent who transmits the prescription order.



- 5. A pharmacy receiving an electronically transmitted prescription order shall maintain the prescription order as specified in A.R.S. § 32-1964 or R4-23-408(H)(2).
- 6. A medical practitioner or medical practitioner’s agent shall transmit an electronic prescription order only to the pharmacy of the patient’s choice.

**R4-23-408. Computer Records**

- A. Systems manual. A pharmacy permittee or pharmacist-in-charge shall:
  - 1. Develop, implement, and comply with policies and procedures for the following operational aspects of a computer system:
    - a. Examples of all output documentation provided by the computer system that contains original or refill prescription order or patient profile information;
    - b. Steps a pharmacy employee follows when the computer system is not operational due to scheduled or unscheduled system interruption;
    - c. Regular and routine backup file procedure and file maintenance, including secure storage of backup files;
    - d. Audit procedures, personnel code assignments, and personnel responsibilities; and
    - e. Quality assurance mechanism for data entry validation;
  - 2. Review biennially and, if necessary, revise the policies and procedures required under this Section;
  - 3. Document the review required under subsection (A)(2);
  - 4. Assemble the policies and procedures as a written manual or by another method approved by the Board or its designee; and
  - 5. Make the policies and procedures available within the pharmacy for reference by pharmacy personnel and inspection by the Board or its designee.
- B. Computer system data storage and retrieval. A pharmacy permittee or pharmacist-in-charge shall ensure ~~that~~ the computer system is capable of:
  - 1. Producing sight-readable information on all original and refill prescription orders and patient profiles;
  - 2. Providing online retrieval (via CRT display or hard-copy printout) of original prescription order information required in A.R.S. § 32-1968(C), R4-23-402(A), and R4-23-407(A);
  - 3. Providing online retrieval (via CRT display or hard-copy printout) of patient profile information required in R4-23-402(A);
  - 4. Providing documentation identifying the pharmacist responsible for dispensing each original or refill prescription order, except a pharmacy permittee with a computer system that is in use before the effective date of this Section that cannot provide documentation identifying the dispensing pharmacist may continue to use the computer system by providing manual documentation identifying the dispensing pharmacist;
  - 5. Producing a printout of all prescription order information, including a single-drug usage report that contains:
    - a. The name of the prescribing medical practitioner;
    - b. The name and address of the patient;
    - c. The quantity dispensed on each original or refill prescription order;
    - d. The date of dispensing for each original or refill prescription order;
    - e. The name or identification code of the dispensing pharmacist; and
    - f. The serial number of each prescription order; and
  - 6. Providing a printout of requested prescription order information to an individual pharmacy within 72 hours of the request if prescription order information is maintained in a centralized computer record system.
- C. A pharmacy permittee or pharmacist-in-charge of a pharmacy that uses a pharmacy computer system:
  - 1. Shall notify the D.E.A. and the Board in writing that original and refill prescription order information and patient profiles are stored in a pharmacy computer system;
  - 2. Shall comply with this Section if the pharmacy computer system’s refill records are used as an alternative to the manual refill records required in R4-23-407(B);
  - 3. Is exempt from the manual refill recordkeeping requirements of R4-23-407(B), if the pharmacy computer system complies with the requirements of this Section; and
  - 4. Shall ensure that documentation of the accuracy of original and refill prescription order information entered into a computer system is provided by each pharmacist using the computer system and kept on file in the pharmacy for seven years from the date of the last refill. Documentation includes one of the following:
    - a. A hard-copy printout of each day’s original and refill prescription order data that:
      - i. States original and refill data for prescriptions dispensed by each pharmacist is reviewed for accuracy;
      - ii. Includes the printed name of each dispensing pharmacist; and
      - iii. Is signed and initialed by each dispensing pharmacist; or
    - b. A log book or separate file of daily statements that:
      - i. States original and refill data for prescriptions dispensed by each pharmacist is reviewed for accuracy;
      - ii. Includes the printed name of each dispensing pharmacist; and
      - iii. Is signed and initialed by each dispensing pharmacist.
- D. If a pharmacy computer system does not comply with the requirements of subsections (A), (B), and (F), the pharmacy permittee or pharmacist-in-charge shall bring the computer system into compliance within three months of a notice of noncompliance or violation letter. If the computer system is still noncompliant with subsection (A), (B), or (F) after three months, the pharmacy permittee or pharmacist-in-charge shall immediately comply with the manual recordkeeping requirements of R4-23-402 and R4-23-407.
- E. If a pharmacy’s personnel perform manual recordkeeping under subsection (D), the pharmacy’s personnel shall continue manual recordkeeping until the pharmacist-in-charge sends proof, verified by a Board compliance officer, that the computer system complies with subsections (A), (B), and (F).
- F. Security. To maintain the confidentiality of patient records, a pharmacy permittee or pharmacist-in-charge shall ensure ~~that~~:
  - 1. The computer system has security and systems safeguards designed to prevent and detect unauthorized access, modification, or manipulation of prescription order information and patient profiles; and



2. After a prescription order is dispensed, any alteration of prescription order information is documented, including the identification of the pharmacist responsible for the alteration.
- G.** A computer system that does not comply with all the requirements of subsections (A), (B), and (F) may be used in a pharmacy if:
1. The computer system was in use in the pharmacy before July 11, 2001, and
  2. The pharmacy complies with the manual recordkeeping requirements of R4-23-402 and R4-23-407.
- H.** Prescription records and retention.
1. Instead of filing the original hard-copy prescription order as required in A.R.S. § 32-1964, a pharmacy permittee or pharmacist-in-charge may use an electronic imaging recordkeeping system, if:
    - a. The system is capable of capturing, storing, and reproducing the exact image of a prescription order, including the reverse side of the prescription order if necessary;
    - b. Any notes of clarification of ~~and or~~ alterations to a prescription order are directly associated with the electronic image of the prescription order;
    - c. ~~The A~~ prescription order image and any associated notes of clarification ~~to of~~ or alterations to ~~a the~~ prescription order are retained for ~~a period~~ not less than seven years from the date the prescription order is last dispensed; and
    - d. ~~The original hard-copy prescription is maintained for no less than 30 days after the date dispensed;~~
    - e. Policies and procedures for the use of an electronic imaging recordkeeping system are developed, implemented, reviewed, and revised in the same manner described in subsection (A) and complied with; ~~and~~
    - f. ~~The prescription is not for a schedule II controlled substance.~~
  2. If a pharmacy's computer system fields are automatically populated by an electronically transmitted prescription order, the automated record constitutes the original prescription order and a hard-copy or electronic image is not required if the computer system is capable of maintaining, printing, and providing all the prescription order information required in A.R.S. §§ 32-1968 and 36-2525 and R4-23-407(A) within 72 hours of a request by the Board, the Board's compliance officers, other authorized regulatory board agents, or authorized officers of the law.
- I.** A pharmacy permittee or pharmacist-in-charge shall make all prescription records available within 72 hours after a Board request.

**R4-23-411. Pharmacist-administered or ~~Pharmacy or Graduate Intern~~-administered Immunizations**

- A.** ~~Certification~~ Authorization to administer immunizations, vaccines, and emergency medications, as defined at A.R.S. § 32-1974(N), to an eligible adult patient or eligible minor patient. As used in this Section, "eligible adult patient" means an eligible patient 13 years of age or older and "eligible minor patient" means an eligible patient at least three years of age but less than 13 years of age. A pharmacist or ~~a pharmacy or graduate an~~ intern in the presence of and under the immediate personal supervision of a pharmacist, may administer, without a prescription, immunizations, vaccines, and emergency medications to an eligible adult patient or eligible minor patient, if:
1. Both the pharmacist and ~~pharmacy or graduate~~ intern meet the qualifications and standards specified by A.R.S. § 32-1974 and this Section;
  2. The Board ~~certifies~~ authorizes both the pharmacist and ~~pharmacy or graduate~~ intern as specified in subsection (D);
  3. No change
    - a. No change
    - b. No change
  4. No change
  5. No change
  6. No change
- B.** A pharmacist or ~~a pharmacy or graduate an~~ intern in the presence of and under the immediate personal supervision of a pharmacist, may administer, with a prescription, any immunizations, vaccines, and emergency medications to an eligible adult patient or eligible minor patient, if:
1. Both the pharmacist and ~~pharmacy or graduate~~ intern meet the qualifications and standards specified by A.R.S. § 32-1974 and this Section; and
  2. The Board ~~certifies~~ authorizes both the pharmacist and ~~pharmacy or graduate~~ intern as specified in subsection (D).
- C.** A pharmacist or ~~pharmacy or graduate~~ intern who is ~~certified~~ authorized to administer immunizations, vaccines, and emergency medications to an eligible adult patient or eligible minor patient shall:
1. Not delegate the authority to any other pharmacist, ~~pharmacy or graduate~~ intern, or employee; and
  2. No change
- D.** ~~Qualifications for certification~~ to administer immunizations, vaccines, and emergency medications to an eligible adult patient or eligible minor patient. After receipt of a completed application form, the Board shall ~~issue a certificate authorizing~~ authorize the administration of immunizations, vaccines, and emergency medications to an eligible adult patient or eligible minor patient ~~to by~~ a pharmacist or ~~pharmacy or graduate~~ intern who meets the following qualifications:
1. No change
  2. No change
  3. No change
- E.** Immunizations training program requirements. A training program for pharmacists or ~~pharmacy or graduate~~ interns to administer immunizations, vaccines, and emergency medications to an eligible adult patient or eligible minor patient shall include the following courses of study:
1. No change
  2. No change
  3. No change
  4. No change
  5. No change
  6. No change



- F. No change
  - 1. A pharmacist or ~~pharmacy or graduate intern~~ certified authorized under this Section to administer immunizations, vaccines, and emergency medications to an eligible patient shall provide to the pharmacy the following information and documentation regarding each immunization, vaccine, or emergency medication administered:
    - a. No change
    - b. No change
    - c. No change
    - d. No change
    - e. The name of the pharmacist or ~~pharmacy or graduate intern~~ administering the immunization, vaccine, or emergency medication;
    - f. A record of the pharmacist's or ~~pharmacy or graduate intern's~~ consultation with the patient determining that the patient is an eligible patient as defined in R4-23-110;
    - ~~g. The date and time that the written report specified in subsection (F)(2) was sent to the patient's primary care provider or physician;~~
    - ~~h.g.~~ Consultation or other professional information provided to the patient by the pharmacist or ~~pharmacy or graduate intern~~;
    - ~~i-h.~~ No change
    - ~~j-l.~~ No change
  - 2. ~~The~~ As required under A.R.S. § 32-1974(F)(1), the pharmacist or ~~pharmacy or graduate intern~~ shall provide a written or elec-  
tronic report to the patient's primary-care provider or physician containing the documentation required in subsection (F)(1)(a) through (d) within 48 hours after the immunization or vaccination. The pharmacy shall document the time and date the report is sent and make the required records specified in subsection (F)(1) and a record of compliance with this subsection available in the pharmacy or on request, within 72 hours, for inspection by the Board or its designee.
  - 3. A pharmacy's pharmacist-in-charge or permittee shall maintain the records required in subsection (F)(1) in the pharmacy or database for a minimum of seven years from the administration date.
- G. Confidentiality of records. A pharmacist, ~~pharmacy or graduate intern~~, pharmacy permittee, or pharmacist-in-charge shall comply with applicable state and federal privacy statutes and rules when releasing patient health information.
- ~~H. Renewal of a certificate for pharmacist administered immunizations. A pharmacist remains in good standing to administer immunizations, vaccines, and emergency medications if, at the time of license renewal under R4-23-202, the pharmacist attests the following to the Board:~~
  - ~~1. Current certification in basic cardiopulmonary resuscitation, and~~
  - ~~2. Completion of a minimum of two contact hours (0.2 CEU) of continuing education related to immunizations during the biennial license renewal period. A pharmacist may use the continuing education hours required in this subsection as part of the total continuing education hours required for pharmacist license renewal.~~
- ~~I.H.~~ Pharmacist-administered or ~~pharmacy or graduate intern~~ administered adult immunizations that require a prescription order. A pharmacist or ~~pharmacy or graduate intern~~ certified authorized by the Board to administer adult immunizations or vaccines shall not administer any immunization or vaccine listed in A.A.C. R9-6-1301 without a prescription order. In addition to filing a prescription order as required in A.R.S. § 32-1964, a pharmacist or ~~pharmacy or graduate intern~~ who administers an immunization or vaccine listed in A.A.C. R9-6-1301 shall comply with the recordkeeping requirements of subsection (F)(1).

**ARTICLE 6. PERMITS AND DISTRIBUTION OF DRUGS**

**R4-23-607. Nonresident Permits**

- A. Permit. A person that is not a resident of Arizona shall not sell or distribute any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical into Arizona without possessing both:
  - 1. A current Board-issued nonresident pharmacy permit, nonresident manufacturer permit, nonresident full-service or nonprescription drug wholesale permit, or nonresident nonprescription drug permit; and
  - 2. A current equivalent license or permit issued by the licensing authority in the jurisdiction where the person resides.
- B. No change
- C. No change
  - 1. No change
  - 2. No change
  - 3. No change
  - 4. No change
- D. No change
- E. No change
  - 1. No change
    - a. No change
      - i. No change
      - ii. No change
      - iii. No change
    - b. No change
      - i. No change
      - ii. No change
      - iii. No change
    - c. No change
    - d. Provide permit and license records upon request, if immediately available, or in no fewer than two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901(~~5~~).



2. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
  3. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
    - e. No change
    - f. No change
    - g. No change
  4. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
    - e. No change
  5. No change
    - a. No change
    - b. No change
    - c. No change
- F. No change

#### ARTICLE 8. DRUG CLASSIFICATION

##### **R4-23-801. ~~Dietary Supplements Repealed~~**

~~A person who sells, distributes, or provides a product that is labeled as a dietary supplement and is labeled or marketed as a treatment for any deficiency disease, for the correction of any symptom of disease, or for the prevention, mitigation, or cure of any disease, either by direct statement or by inference, is selling, distributing, or providing a drug and is subject to the requirements of A.R.S. Title 32, Chapter 18 and 4 A.A.C. 23.~~

#### ARTICLE 11. PHARMACY TECHNICIANS

##### **R4-23-1103. Pharmacy Technician Trainee Licensure**

- A. No change
- B. No change
  1. No change
    - a. No change
    - b. No change
      - i. No change
      - ii. No change
      - iii. No change
  2. No change
- C. No change
  1. No change
  2. No change
  3. No change
  4. No change
  5. A pharmacy technician trainee license is valid for ~~24~~ 36 months from the date issued. A pharmacy technician trainee who does not complete the prescribed training program and pass the Pharmacy Technician Certification Board (PTCB or ExCPT) examination or ~~another Board approved pharmacy technician examination~~ before the pharmacy technician trainee's license expires is not eligible for licensure as a pharmacy technician and shall not practice as a pharmacy technician or pharmacy technician trainee.
- ~~D. Re application for licensure.~~
  1. ~~The Board may allow a pharmacy technician trainee whose license expires before the pharmacy technician trainee completes the prescribed training program and passes the Pharmacy Technician Certification Board (PTCB) examination or another Board approved pharmacy technician examination to reapply for licensure not more than one time. A pharmacy technician trainee whose license has expired may make a special request to the Board under R4 23 401 for approval to reapply for licensure.~~
  2. ~~The Board shall base its decision to grant or deny a special request to reapply for licensure on an assessment of:~~
    - a. ~~The reasons the pharmacy technician trainee did not complete a pharmacy technician training program and the likelihood that the pharmacy technician trainee will complete a pharmacy technician training program within the next 24 months,~~
    - b. ~~The reasons the pharmacy technician trainee failed the pharmacy technician examination and the likelihood that the pharmacy technician trainee will pass the pharmacy technician examination within the next 24 months, and~~
    - e. ~~Other extenuating circumstances.~~
  3. ~~A pharmacy technician trainee that receives Board approval to reapply for licensure shall submit a completed application manually on a form furnished by the Board and pay the licensure fee specified in R4 23 205(A)(4).~~



- ~~F.D.~~ Time frames Time frames for pharmacy technician trainee licensure. The Board office shall follow the ~~time frames~~ time frames established in R4-23-202(F).
- ~~F.E.~~ Verification of license. A pharmacy permittee or pharmacist-in-charge shall not permit a person to practice as a pharmacy technician trainee until the pharmacy permittee or pharmacist-in-charge verifies that the person is currently licensed by the Board as a pharmacy technician trainee.

**R4-23-1106. Continuing Education Requirements**

- A. General. According to A.R.S. § 32-1925~~(H)~~(H), the Board shall not renew a pharmacy technician license unless the ~~applicant~~ licensee has during the two years preceding the application for renewal:
  1. Participated in 20 contact hours or two CEUs of continuing education activity sponsored by an Approved Provider, as defined in R4-23-110, and
  2. ~~At least two of the contact hours or 0.2 of the CEUs are approved courses in pharmacy law. For a pharmacy technician licensed less than 24 months the continuing education contact hours are calculated by multiplying 0.83 hours times the number of months between the date of initial licensure and the licensee's next license renewal date. A pharmacy technician licensee is exempt from the continuing education requirement in subsection (A)(1) between the time of initial licensure and first renewal.~~
- B. Valid CEUs. The Board shall:
  1. ~~Only accept~~ Accept CEUs for continuing education activities sponsored only by an Approved Provider;
  2. ~~Only accept~~ Accept CEUs accrued during only the two-year period immediately before licensure renewal;
  3. Not allow CEUs accrued in a biennial renewal period ~~in excess of the required two CEUs~~ to be carried forward to the succeeding biennial renewal period;
  4. Allow a pharmacy technician who leads, instructs, or lectures to a group of health professionals on pharmacy-related topics in a continuing education ~~activities~~ activity sponsored by an Approved Provider to receive CEUs for a presentation by following the same attendance procedures as any other attendee of the continuing education activity; and
  5. Not accept as a CEU a pharmacy technician's normal teaching duties within a learning institution if the pharmacy technician's primary responsibility is the education of health professionals.
- C. Continuing education records and reporting CEUs. A pharmacy technician shall:
  1. Maintain continuing education records that:
    - a. Verify the continuing education activities the pharmacy technician participated in during the preceding five years; and
    - b. Consist of a statement of credit or a certificate issued by an Approved Provider at the conclusion of a continuing education activity;
  2. At the time of licensure renewal, attest to the number of CEUs the pharmacy technician participated in during the renewal period on the biennial renewal form; and
  3. When requested by the Board office, submit proof of continuing education participation within 20 days of the request.
- D. The Board shall deem a pharmacy technician's failure to comply with the continuing education participation, recording, or reporting requirements of this Section as unprofessional conduct and grounds for disciplinary action by the Board under A.R.S. § 32-1927.01.
- E. A pharmacy technician who is aggrieved by any decision of the Board concerning continuing education units may request a hearing before the Board.

**NOTICE OF PROPOSED RULEMAKING**  
**TITLE 4. PROFESSIONS AND OCCUPATIONS**  
**CHAPTER 33. BOARD OF EXAMINERS FOR NURSING CARE INSTITUTION ADMINISTRATORS AND ASSISTED LIVING FACILITY MANAGERS**

[R19-169]

**PREAMBLE**

- 1. Articles, Parts, and Sections Affected**

<u>Articles, Parts, and Sections Affected</u>	<u>Rulemaking Action</u>
R4-33-202	Amend
R4-33-203	Amend
R4-33-204	Amend
R4-33-206	Amend
R4-33-401	Amend
R4-33-402	Amend
R4-33-403	Amend
R4-33-405	Amend
- 2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**  
 Authorizing statute: A.R.S. § 36-446.03(A)  
 Implementing statute: A.R.S. §§ 36-446, 36-446.03, 36-446.04, 36-446.05, and 36-446.06
- 3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:**  
 Notice of Rulemaking Docket Opening: 25 A.A.R. 2093, August 16, 2019
- 4. The agency's contact person who can answer questions about the rulemaking:**  
 Name: Allen Imig, Executive Director  
 Address: Board of Examiners for Nursing Care Administrators and



Assisted Living Facility Managers  
1740 W. Adams St., Suite 2490  
Phoenix, AZ 85007

Telephone: (602) 364-2273  
Fax: (602) 542-8316  
E-mail: allen.imig@nciabd.state.az.us

**5. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered, to include an explanation about the rulemaking:**

The Board is clarifying that an applicant for licensure by reciprocity is required to have been licensed in another jurisdiction for at least two years and removing the requirement of two years of employment as a nursing care institution administrator; removing the requirement for notarization; adding a requirement to submit a certificate of training completed with an initial application for certification; and correcting some typographical errors. An exemption from Executive Order 2019-01 for this rulemaking was provided by Emily Rajakovich, of the Governor's Office, in an e-mail dated June 21, 2019.

**6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

The Board does not intend to review or rely on a study in its evaluation of or justification for any rule in this rulemaking.

**7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**8. The preliminary summary of the economic, small business, and consumer impact:**

The Board believes the changes will have minimal economic impact on applicants and licensees.

**9. The agency's contact person who can answer questions about the economic, small business, and consumer impact statement:**

Name: Allen Imig, Executive Director  
Address: Board of Examiners for Nursing Care Administrators and  
Assisted Living Facility Managers  
1740 W. Adams St., Suite 2490  
Phoenix, AZ 85007  
Telephone: (602) 364-2273  
Fax: (602) 542-8316  
E-mail: allen.imig@nciabd.state.az.us

**10. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

An oral proceeding regarding the proposed rules will be held as follows:

Date: Monday, October 7, 2019  
Time: 1:00 p.m.  
Location: 1740 W. Adams St., Board Meeting Room B  
Phoenix, AZ 85007

**11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

None

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

The Board does not issue general permits. Rather, the Board issues individual licenses as required by the Board's statutes to each person that is qualified by statute (See A.R.S. §§ 36-446.01 and 36-446.04) and rule.

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**

There is no federal law specifically applicable to this rulemaking. Federal law makes receipt of federal funding contingent on a state licensing and regulating nursing care institution administrators. The specifics of the licensure and regulation are matters of state law.

**c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**

No analysis was submitted.

**12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**

None

**13. The full text of the rules follows:**

**TITLE 4. PROFESSIONS AND OCCUPATIONS**

**CHAPTER 33. BOARD OF EXAMINERS FOR NURSING CARE INSTITUTION ADMINISTRATORS  
AND ASSISTED LIVING FACILITY MANAGERS**



ARTICLE 2. NURSING CARE INSTITUTION ADMINISTRATOR LICENSING

- Section
- R4-33-202. Requirements for Initial License by Reciprocity
- R4-33-203. Requirements for Temporary License
- R4-33-204. Initial Application
- R4-33-206. Renewal Application

ARTICLE 4. ASSISTED LIVING FACILITY MANAGER CERTIFICATION

- Section
- R4-33-401. Requirements for Initial Certification by Examination
- R4-33-402. Requirements for a Temporary Certificate
- R4-33-403. Initial Application
- R4-33-405. Renewal Application

ARTICLE 2. NURSING CARE INSTITUTION ADMINISTRATOR LICENSING

R4-33-202. Requirements for Initial License by Reciprocity

To be eligible for an initial license by reciprocity as a nursing care institution administrator, an individual shall:

1. No change
  - a. No change
  - b. No change
2. No change
  - a. Hold a valid and current license as a nursing care institution administrator;
    - i. ~~Issued at least two years ago,~~
    - ii. ~~issued~~ Issued by a state or territory, ~~and which was obtained~~
    - iii. Obtained by passing the NAB examination; or
  - b. No change
  - c. No change
3. ~~Be employed full time as a nursing care institution administrator of record for the last two years in a state or territory with a licensing authority;~~
4. ~~3.~~ No change
5. ~~4.~~ No change
6. ~~5.~~ No change
  - a. No change
  - b. ~~Submit evidence of being employed full time as a nursing care institution administrator of record for the last two years in a state or territory with a licensing authority;~~
  - e. ~~b.~~ No change
  - d. ~~c.~~ No change
    - i. No change
    - ii. No change

R4-33-203. Requirements for Temporary License

A. To be eligible for a temporary license as a nursing care institution administrator, an individual shall:

1. Meet the requirements specified in R4-33-201 or R4-33-202 except for the requirement at R4-33-201(2) or ~~R4-33-202(2)(b)~~ R4-33-202(2)(c);
2. No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
  - e. No change
  - f. No change
  - g. ~~Notarized signature~~ Signature of the owner of the nursing care institution affirming the information provided is true and complete;
3. No change
4. No change

- B. No change
- C. No change
- D. No change

R4-33-204. Initial Application

- A. No change
  1. No change
  2. No change
  3. No change
  4. No change
  5. No change
  6. No change



7. No change
  8. No change
  9. No change
  10. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
    - e. No change
    - f. No change
  11. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
    - e. No change
  12. No change
  13. No change
  14. No change
  15. No change
  16. No change
  17. No change
  18. No change
  19. No change
  20. No change
- B.** In addition to the application form required under ~~subsection~~ subsection (A), an applicant shall have the following submitted directly to the Board on the applicant's behalf:
1. No change
  2. No change
  3. No change
  4. No change
- C.** No change
1. No change
  2. No change
  3. No change
  4. ~~Passport size, color, full-face~~ Full-face photograph of the applicant taken within the last 180 days and ~~signed on the back by the applicant six months;~~
  5. No change
    - a. No change
    - b. No change
    - c. No change
  6. No change
  7. ~~Signed and notarized affidavit affirming~~ Affirm the information provided in the application is true and complete and ~~authorizing~~ authorize others to release information regarding the applicant to the Board; and
  8. No change
- D.** No change
- E.** No change
- F.** No change
- R4-33-206. Renewal Application**
- A.** No change
- B.** No change
- C.** No change
1. No change
  2. No change
  3. No change
  4. No change
  5. No change
  6. No change
  7. The licensee's dated ~~and notarized~~ signature affirming the information provided is true and complete.
- D.** No change
1. No change
  2. Documentation described in A.R.S. § 41-1080(A) unless the documentation previously submitted under ~~R4-36-204(C)(6)~~ R4-33-204(C)(6) established U.S. citizenship or was a non-expiring work authorization issued by the federal government; and
  3. No change
- E.** No change
1. No change



- 2. No change
- 3. No change
- F. No change

**ARTICLE 4. ASSISTED LIVING FACILITY MANAGER CERTIFICATION**

**R4-33-401. Requirements for Initial Certification by Examination**

- A. Except as provided in subsection (B), an individual who wishes to receive an initial certificate by examination as an assisted living facility manager shall:
  - 1. Education:
    - a. Earn a high school diploma or G.E.D., ~~and or hold a license in good standing issued under A.R.S. Title 32, Chapter 13, 15, or 17 or 4 A.A.C. 33, Article 2;~~
    - b. Complete an assisted living facility caregiver training program that is approved by the Board under ~~A.A.C. R4-33-701, Article 7 of this Chapter;~~ and
    - c. Complete an assisted living facility manager training program that is approved by the Board under ~~A.A.C. R4-33-601, or Article 6 of this Chapter;~~
    - d. ~~Hold a license in good standing issued under A.R.S. Title 32, Chapter 13, 15, or 17 or 4 A.A.C. 33, Article 2;~~
  - 2. No change
  - 3. No change
  - 4. No change
  - 5. No change
  - 6. No change
- B. No change

**R4-33-402. Requirements for a Temporary Certificate**

- A. No change
  - 1. No change
  - 2. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
    - e. No change
    - f. No change
    - g. ~~Notarized signature~~ Signature of the owner of the assisted living facility affirming the information provided is true and complete;
  - 3. No change
  - 4. No change
- B. No change
- C. No change
- D. No change

**R4-33-403. Initial Application**

- A. No change
  - 1. No change
  - 2. No change
  - 3. No change
  - 4. No change
  - 5. No change
  - 6. No change
  - 7. No change
  - 8. No change
    - a. No change
    - b. No change
    - c. No change
  - 9. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
    - e. No change
    - f. No change
  - 10. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
    - e. No change



- f. No change
- g. No change
- 11. No change
- 12. No change
- 13. No change
- 14. No change
- 15. No change
- 16. No change
- 17. No change
- 18. No change
- 19. No change
- B.** No change
  - 1. Education:
    - a. Copy of the applicant's high school diploma or G.E.D.; and certificates of completion issued from the training courses described under R4-33-401(A)(1)(b) and (c); or
    - b. ~~Certificate of completion issued within a year before the date of application from the training course described under R4-33-401(1)(b), or~~
    - e-b. Copy of the applicant's license issued under A.R.S. Title 32, Chapter 13, 15, or 17 or 4 A.A.C. 33, Article 2; and certificate of completion issued from the training course described under R4-33-401(A)(1)(c);
  - 2. No change
  - 3. No change
  - 4. No change
  - 5. No change
  - 6. No change
  - 7. No change
  - 8. ~~Passport size, color, full face~~ Full-faced photograph of the applicant taken within the last 180 days and ~~signed on the back by the applicant six months;~~
  - 9. No change
    - a. No change
    - b. No change
    - c. No change
  - 10. ~~A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, which is a form available from the Board~~ Documentation, as described in A.R.S. § 41-1080(A), of U.S. citizenship or alien status indicating presence in the U.S. is authorized under federal law;
  - 11. ~~Signed and notarized affidavit affirming that~~ Affirm the information provided in the application is true and complete and ~~authorizing~~ authorize others to release information regarding the applicant to the Board; and
  - 12. No change
- C.** No change
- D.** No change
- E.** No change
- R4-33-405. Renewal Application**
  - A.** No change
  - B.** No change
  - C.** No change
    - 1. No change
    - 2. No change
    - 3. No change
    - 4. No change
    - 5. No change
    - 6. No change
    - 7. The certificate holder's dated ~~and notarized~~ signature affirming ~~that~~ the information provided is true and complete.
  - D.** No change
    - 1. No change
    - 2. ~~A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, which is a form available from the Board~~ Documentation described in A.R.S. § 41-1080(A) unless the documentation previously submitted under R4-33-403(B)(10) established U.S. citizenship or was a non-expiring work authorization issued by the federal government; and
    - 3. No change
  - E.** No change
    - 1. No change
    - 2. No change
    - 3. No change
  - F.** No change



NOTICES OF FINAL RULEMAKING

This section of the Arizona Administrative Register contains Notices of Final Rulemaking. Final rules have been through the regular rulemaking process as defined in the Administrative Procedures Act. These rules were either approved by the Governor's Regulatory Review Council or the Attorney General's Office. Certificates of Approval are on file with the Office.

The final published notice includes a preamble and

text of the rules as filed by the agency. Economic Impact Statements are not published.

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the interpretation of the final rules should be addressed to the agency that promulgated them. Refer to Item #5 to contact the person charged with the rulemaking. The codified version of these rules will be published in the Arizona Administrative Code.

NOTICE OF FINAL RULEMAKING

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

[R19-170]

PREAMBLE

- 1. Article, Part, or Section Affected (as applicable) Rulemaking Action
2. Citations to agency's statutory rulemaking authority to include the authorizing statute and the implementing statute:
3. The effective date of the rules:
4. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the final rulemaking package:
5. The agency's contact person who can answer questions about the rulemaking:
6. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:



conveyances and would permit the use of newer elevator/escalator technologies that may not fall under ASME A17.1-2007. Although ASME A17.1-2007 references ASME A17.7-2007, R20-5-507 does not expressly adopt ASME A17.7-2007. Thus, elevator/escalator technologies not permitted by ASME A17.1-2007 arguably cannot be installed in Arizona. The proposed rulemaking would expressly adopt ASME A17.7-2007, as referenced in ASME A17.1-2007, enabling the construction and installation of more modern equipment (such as pneumatic elevators) which use newer technologies based on the industry mechanical and engineering standards.

- 7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**  
The Commission did not review or rely on any study relevant to the proposed amended rule.
- 8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**  
Not applicable
- 9. A summary of the economic, small business, and consumer impact:**  
The Commission anticipates that the proposed rulemaking will have no adverse economic, small business, or consumer impact. The proposed rulemaking is intended to reduce regulatory burden by enabling the construction and installation of new elevator/escalator technologies that are currently not permitted under A.A.C. R20-5-507.
- 10. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:**  
None
- 11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:**  
No written or oral comments were received by the Commission.
- 12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**  
Not applicable
- a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**  
The proposed amended rule does not require issuance of a regulatory permit or license.
- b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**  
There is not a federal law applicable to the subject of the proposed rulemaking.
- c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**  
No analysis was submitted.
- 13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**  
The Commission is proposing to amend R20-5-507 (Safety Code for Elevators, Escalators, Dumbwaiters, Moving Walks, Material Lifts, and Dumbwaiters with Automatic Transfer Devices) to incorporate by reference national consensus standards contained in ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators). A copy of ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators) is available for inspection or reproduction at the Arizona Division of Occupational Safety and Health, 800 West Washington Street, Room 203, Phoenix, AZ 85007, or may be obtained from the American Society of Mechanical Engineers (ASME) at Three Park Avenue, New York, New York 10016- 5990 or at <http://www.asme.org>.
- 14. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:**  
Not applicable
- 15. The full text of the rules follows:**

## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

### CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

#### ARTICLE 5. ELEVATOR SAFETY

Section

R20-5-507. Safety Code for Elevators, Escalators, Dumbwaiters, Moving Walks, Material Lifts, and Dumbwaiters with Automatic Transfer Devices



**ARTICLE 5. ELEVATOR SAFETY**

**R20-5-507. Safety Code for Elevators, Escalators, Dumbwaiters, Moving Walks, Material Lifts, and Dumbwaiters with Automatic Transfer Devices**

Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with automatic transfer device, installed on or after the effective date of this Section shall comply with the ASME A17.1-2007 (Safety Code for Elevators and Escalators) or ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators) as referenced in ASME A17.1-2007, which ~~is~~ are incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and may be obtained from ASME at Three Park Avenue, New York, New York 10016- 5990 or at <http://www.asme.org>. ~~Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with an automatic transfer device, installed between May 5, 2009, and the effective date of this Section shall comply with ASME A17.1- 2007 or, as an alternative, may comply with ASME A17.7- 2007.~~ Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with an automatic transfer device, installed before ~~the effective date of this Section~~ May 5, 2009, shall comply with the ASME A17.1 Safety Code for Elevators and Escalators in effect at the time of installation or, as an alternative, may comply with ASME A17.1-2007 or ASME 17.7-2007.





- 7. **A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state.**  
Not applicable
- 8. **The preliminary summary of the economic, small business, and consumer impact:**  
Under A.R.S. § 41-1055(D)(2), the Department is not required to provide an economic, small business, and consumer impact statement.
- 9. **The agency's contact person who can answer questions about the economic, small business, and consumer impact statement:**  
Not applicable
- 10. **Where, when, and how persons may provide written comments on the proposed expedited rule:**  
Close of record: September 9, 2019 at 4:00 p.m.  
A person may submit written comments on the proposed expedited rules no later than the close of record to either of the individuals listed in item 4.
- 11. **All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**  
There are no other matters prescribed by statutes applicable specifically to the Department or this specific rulemaking.
  - a. **Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**  
The rule does not require a permit.
  - b. **Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**  
There are no federal rules applicable to the subject of the rule.
  - c. **Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**  
No such analysis was submitted.
- 12. **A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**  
None
- 13. **The full text of the rules follows:**

**TITLE 9. HEALTH SERVICES  
CHAPTER 10. DEPARTMENT OF HEALTH SERVICES  
HEALTH CARE INSTITUTIONS: LICENSING**

**ARTICLE 12. HOME HEALTH AGENCIES**

- Sections  
R9-10-1203. Administration  
R9-10-1206. Personnel

**ARTICLE 12. HOME HEALTH AGENCIES**

**R9-10-1203. Administration**

- A. A governing authority shall:
  - 1. Consist of one or more individuals responsible for the organization, operation, and administration of the home health agency;
  - 2. Establish, in writing:
    - a. A home health agency's scope of services, and
    - b. Qualifications for an administrator;
  - 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
  - 4. Adopt a quality management program according to R9-10-1204;
  - 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  - 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
    - a. Expected not to be present in a home health agency's administrative office for more than 30 calendar days, or
    - b. Not present in a home health agency's administrative office for more than 30 calendar days;
  - 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator;
  - 8. Appoint, according to A.R.S. § 36-151(5)(b), an advisory group that consists of four or more members that include:
    - a. A physician;
    - b. A registered nurse who has at least one year of experience as a registered nurse providing home health services; and
    - c. Two or more individuals who represent a medical, nursing, or health-related profession; and
  - 9. Ensure that the advisory group appointed according to subsection (A)(8):
    - a. Meets at least once every 12 months,



- b. Documents meetings, and
  - c. Assists in establishing and evaluating policies and procedures for the home health agency.
- B. An administrator:**
1. Is directly accountable to the governing authority of a home health agency for all services provided by the home health agency;
  2. Has the authority and responsibility to manage the home health agency;
  3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present at the home health agency's administrative office and accountable for services provided by the home health agency when the administrator is not present at the home health agency's administrative office; and
  4. Ensures compliance with A.R.S. § 36-411.
- C. An administrator shall:**
1. Ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, and volunteers;
    - b. Cover orientation and in-service education for personnel members, employees, and volunteers;
    - c. Cover how a personnel member may submit a complaint relating to patient care;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Include a method to identify a patient to ensure the patient receives the appropriate services;
    - f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
    - g. Cover specific steps for:
      - i. A patient to file a complaint, and
      - ii. The home health agency to respond to a patient complaint;
    - h. Cover health care directives;
    - i. Cover medical records, including electronic medical records;
    - j. Cover a quality management program, including incident reports and supporting documentation;
    - k. Cover contracted services; and
    - l. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;
  2. Ensure that policies and procedures for services provided by a home health agency are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover patient admission, discharge planning, and discharge;
    - b. Cover the provision of home health services and, if applicable, specific types of supportive services and medical social services;
    - c. Include when general consent and informed consent are required;
    - d. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
    - e. Cover medication procurement, if applicable, and administration; and
    - f. Cover infection control;
  3. Ensure that policies and procedures are:
    - a. Available to personnel members, employees, and volunteers, and
    - b. Reviewed at least once every three years and updated as needed;
  4. Ensure that records of advisory group meetings are maintained for at least 24 months after the date of the meeting;
  5. Designate, in writing, a home health services director who is:
    - a. A physician with at least 24 months of experience working for or with a home health agency; or
    - b. A registered nurse with at least three years of nursing experience, including at least 24 months of experience as a registered nurse providing home health services;
  6. Ensure that:
    - a. Speech therapy or speech-language pathology services are provided by a speech-language pathologist according to A.R.S. § 36-1940.01 or speech-language pathologist assistant licensed according to A.R.S. § 36-1940.04;
    - b. Nutritional services are provided by a registered dietitian;
    - c. Occupational therapy services are provided by an occupational therapist or occupational therapy assistant;
    - d. Physical therapy services are provided by a physical therapist or a physical therapist assistant;
    - e. Respiratory care services are provided by a respiratory therapist, respiratory therapy technician licensed according to A.R.S. Title 32, Chapter 35, or a practical nurse or registered nurse licensed according to A.R.S. Title 32, Chapter 15;
    - f. Pharmacy services are provided by a pharmacist; and
    - g. Medical social services are provided:
      - i. By a personnel member qualified according to policies and procedures that coordinates medical social services; and
      - ii. ~~For medical social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, by a personnel member licensed under A.R.S. Title 32, Chapter 33, Article 5;~~  
For medical social services, related to the practice of social work in A.R.S. § 32-3251, by a personnel member licensed under A.R.S. Title 32, Chapter 33, Article 5;
  7. Ensure that the services specified in subsection (C)(6) are provided to a patient only under an order by the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
  8. Unless otherwise stated, ensure that:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and



- b. When documentation or information is required by this Chapter to be submitted on behalf of a home health agency, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the home health agency.

**R9-10-1206. Personnel**

- A. An administrator shall ensure that:
  - 1. The qualifications, skills, and knowledge required for each type of personnel member:
    - a. Are based on:
      - i. The type of services expected to be provided by the personnel member according to the established job description, and
      - ii. The acuity of the patients receiving services from the personnel member according to the established job description; and
    - b. Include:
      - i. The specific skills and knowledge necessary for the personnel member to provide the expected services listed in the established job description,
      - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description, and
      - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description;
  - 2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services, and
    - b. According to policies and procedures;
  - 3. Sufficient personnel members are available with the qualifications, skills, and knowledge necessary to:
    - a. Provide the services in the home health agency's scope of services,
    - b. Meet the needs of a patient, and
    - c. Ensure the health and safety of a patient; and
  - 4. A personnel member, ~~or~~ an employee, a volunteer, or a student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
    - a. On or before the date the individual begins providing services at or on behalf of the home health agency, and
    - b. As specified in R9-10-113.
- B. An administrator shall ensure that a personnel record for each personnel member, employee, or volunteer:
  - 1. Includes:
    - a. The individual's name, date of birth, and contact telephone number;
    - b. The individual's starting date of employment or volunteer service, and if applicable, ending date; and
    - c. Documentation of:
      - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
      - ii. The individual's education and experience applicable to the individual's job duties;
      - iii. The individual's completed orientation and in-service education as required by policies and procedures;
      - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
      - v. The individual's compliance with the requirements in A.R.S. § 36-411;
      - vi. Cardiopulmonary resuscitation training, if required for the individual according to this Article and policies and procedures;
      - vii. First aid training, if required for the individual according to this Article and policies and procedures; and
      - viii. Evidence of freedom from infectious tuberculosis, if required according to subsection (A)(4);
  - 2. Is maintained:
    - a. Throughout the individual's period of providing services in or for the home health agency; and
    - b. For at least 24 months after the last date the individual provided services in or for the home health agency; and
  - 3. For a personnel member who has not provided services for the home health agency during the previous 12 months, provided to the Department within 72 hours after the Department's request.



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**GOVERNOR EXECUTIVE ORDER**

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Executive Order 2019-01 is being reproduced in each issue of the *Administrative Register* as a notice to the public regarding state agencies' rulemaking activities.

This order has been reproduced in its entirety as submitted.

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**EXECUTIVE ORDER 2019-01****Moratorium on Rulemaking to Promote Job Creation and Customer-Service-Oriented Agencies; Protecting Consumers Against Fraudulent Activities**

[M19-04]

**WHEREAS**, government regulations should be as limited as possible; and

**WHEREAS**, burdensome regulations inhibit job growth and economic development; and

**WHEREAS**, protecting the public health, peace and safety of the residents of Arizona is a top priority of state government; and

**WHEREAS**, in 2015 the State of Arizona implemented a moratorium on all new regulatory rulemaking by State agencies through executive order and renewed the moratorium in 2016, 2017 and 2018; and

**WHEREAS**, the State of Arizona eliminated or repealed 422 needless regulations in 2018 and 676 in 2017 for a total of 1,098 needless regulations eliminated or repealed over two years; and

**WHEREAS**, estimates show these eliminations saved job creators more than \$31 million in operating costs in 2018 and \$48 million in 2017 for a total of over \$79 million in savings over two years; and

**WHEREAS**, approximately 283,300 private sector jobs have been added to Arizona since January 2015; and

**WHEREAS**, all government agencies of the State of Arizona should continue to promote customer-service-oriented principles for the people that it serves; and

**WHEREAS**, each State agency shall continue to conduct a critical and comprehensive review of its administrative rules and take action to reduce the regulatory burden, administrative delay and legal uncertainty associated with government regulation while protecting the health, peace and safety of residents; and

**WHEREAS**, each State agency should continue to evaluate its administrative rules using any available and reliable data and performance metrics; and

**WHEREAS**, Article 5, Section 4 of the Arizona Constitution and Title 41, Chapter 1, Article 1 of the Arizona Revised Statutes vests the executive power of the State of Arizona in the Governor.

**NOW, THEREFORE, I, Douglas A. Ducey**, by virtue of the authority vested in me by the Constitution and laws of the State of Arizona hereby declare the following:

1. A State agency subject to this Order shall not conduct any rulemaking, whether informal or formal, without the prior written approval of the Office of the Governor. In seeking approval, a State agency shall address one or more of the following as justifications for the rulemaking:
  - a. To fulfill an objective related to job creation, economic development or economic expansion in this State.
  - b. To reduce or ameliorate a regulatory burden while achieving the same regulatory objective.
  - c. To prevent a significant threat to the public health, peace, or safety.
  - d. To avoid violating a court order or federal law that would result in sanctions by a federal court for failure to conduct the rulemaking action.
  - e. To comply with a federal statutory or regulatory requirement if such compliance is related to a condition for the receipt of federal funds or participation in any federal program.
  - f. To comply with a state statutory requirement.
  - g. To fulfill an obligation related to fees or any other action necessary to implement the State budget that is certified by the Governor's Office of Strategic Planning and Budgeting.
  - h. To promulgate a rule or other item that is exempt from Title 41, Chapter 6, Arizona Revised Statutes, pursuant to section 41-1005, Arizona Revised Statutes.
  - i. To address matters pertaining to the control, mitigation, or eradication of waste, fraud or abuse within an agency or wasteful, fraudulent, or abusive activities perpetrated against an agency.
  - j. To eliminate rules which are antiquated, redundant or otherwise no longer necessary for the operation of state government.
2. A State agency subject to this Order shall not publicize any directives, policy statements, documents or forms on its website unless such are explicitly authorized by Arizona Revised Statutes or Arizona Administrative Code.
3. A State agency subject to this Order and which issues occupational or professional licenses shall review the agency's rules and practices related to receiving and acting on substantive complaints about unlicensed individuals who are allegedly holding them-



selves out as licensed professionals for financial gain and are knowingly or recklessly providing or attempting to provide regulated services which the State agency director believes could cause immediate and/or significant harm to either the financial or physical health of unknowing consumers within the state. Agencies shall identify and execute on opportunities to improve its complaint intake process, documentation, tracking, enforcement actions and coordination with proper law enforcement channels to ensure those allegedly trying to defraud unsuspecting consumers and putting them at risk for immediate and/or significant harm to their financial or physical health are stopped and effectively diverted by the State agency to the proper law-enforcement agency for review. A written plan on the agency’s process shall be submitted to the Governor’s Office no later than May 31, 2019.

- 4. For the purposes of this Order, the term “State agencies” includes, without limitation, all executive departments, agencies, offices, and all state boards and commissions, except for: (a) any State agency that is headed by a single elected State official; (b) the Corporation Commission; and (c) any board or commission established by ballot measure during or after the November 1998 general election. Those state agencies, boards and commissions excluded from this Order are strongly encouraged to voluntarily comply with this Order in the context of their own rulemaking processes.
- 5. This Order does not confer any legal rights upon any persons and shall not be used as a basis for legal challenges to rules, approvals, permits, licenses or other actions or to any inaction of a State agency. For the purposes of this Order, “person,” “rule,” and “rulemaking” have the same meanings prescribed in section 41-1001, Arizona Revised Statutes.

**IN WITNESS THEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this ninth day of January in the Year Two Thousand and Nineteen and of the Independence of the United States of America the Two Hundred and Forty-Third.

**ATTEST:**  
**Katie Hobbs**  
**SECRETARY OF STATE**



## REGISTER INDEXES

The *Register* is published by volume in a calendar year (See “General Information” in the front of each issue for more information).

Abbreviations for rulemaking activity in this Index include:

### **PROPOSED RULEMAKING**

PN = Proposed new Section  
 PM = Proposed amended Section  
 PR = Proposed repealed Section  
 P# = Proposed renumbered Section

### **SUPPLEMENTAL PROPOSED RULEMAKING**

SPN = Supplemental proposed new Section  
 SPM = Supplemental proposed amended Section  
 SPR = Supplemental proposed repealed Section  
 SP# = Supplemental proposed renumbered Section

### **FINAL RULEMAKING**

FN = Final new Section  
 FM = Final amended Section  
 FR = Final repealed Section  
 F# = Final renumbered Section

### **SUMMARY RULEMAKING**

#### **PROPOSED SUMMARY**

PSMN = Proposed Summary new Section  
 PSMM = Proposed Summary amended Section  
 PSMR = Proposed Summary repealed Section  
 PSM# = Proposed Summary renumbered Section

#### **FINAL SUMMARY**

FSMN = Final Summary new Section  
 FSMM = Final Summary amended Section  
 FSMR = Final Summary repealed Section  
 FSM# = Final Summary renumbered Section

### **EXPEDITED RULEMAKING**

#### **PROPOSED EXPEDITED**

PEN = Proposed Expedited new Section  
 PEM = Proposed Expedited amended Section  
 PER = Proposed Expedited repealed Section  
 PE# = Proposed Expedited renumbered Section

#### **SUPPLEMENTAL EXPEDITED**

SPEN = Supplemental Proposed Expedited new Section  
 SPEM = Supplemental Proposed Expedited amended Section  
 SPER = Supplemental Proposed Expedited repealed Section  
 SPE# = Supplemental Proposed Expedited renumbered Section

#### **FINAL EXPEDITED**

FEN = Final Expedited new Section  
 FEM = Final Expedited amended Section  
 FER = Final Expedited repealed Section  
 FE# = Final Expedited renumbered Section

### **EXEMPT RULEMAKING**

#### **EXEMPT**

XN = Exempt new Section  
 XM = Exempt amended Section  
 XR = Exempt repealed Section  
 X# = Exempt renumbered Section

#### **EXEMPT PROPOSED**

PXN = Proposed Exempt new Section  
 PXM = Proposed Exempt amended Section  
 PXR = Proposed Exempt repealed Section  
 PX# = Proposed Exempt renumbered Section

#### **EXEMPT SUPPLEMENTAL PROPOSED**

SPXN = Supplemental Proposed Exempt new Section  
 SPXR = Supplemental Proposed Exempt repealed Section  
 SPXM = Supplemental Proposed Exempt amended Section  
 SPX# = Supplemental Proposed Exempt renumbered Section

#### **FINAL EXEMPT RULEMAKING**

FXN = Final Exempt new Section  
 FXM = Final Exempt amended Section  
 FXR = Final Exempt repealed Section  
 FX# = Final Exempt renumbered Section

### **EMERGENCY RULEMAKING**

EN = Emergency new Section  
 EM = Emergency amended Section  
 ER = Emergency repealed Section  
 E# = Emergency renumbered Section  
 EEXP = Emergency expired

### **RECODIFICATION OF RULES**

RC = Recodified

### **REJECTION OF RULES**

RJ = Rejected by the Attorney General

### **TERMINATION OF RULES**

TN = Terminated proposed new Sections  
 TM = Terminated proposed amended Section  
 TR = Terminated proposed repealed Section  
 T# = Terminated proposed renumbered Section

### **RULE EXPIRATIONS**

EXP = Rules have expired

*See also “emergency expired” under emergency rulemaking*

### **CORRECTIONS**

C = Corrections to Published Rules



<b>zens</b>		R14-2-2625.	PN-355; SPN-2033	<b>Economic Security, Department of - The JOBS Program</b>	
R2-20-104.	PM-1411; PM-2115; TM-2129	R14-2-2626.	PN-355; SPN-2033	R6-10-101.	PM-1365
R2-20-113.	PM-1413; FM-2118	R14-2-2627.	PN-355; SPN-2033	R6-10-101.01.	PM-1365
R2-20-702.	PM-1414; FM-2120	R14-2-2628.	PN-355; SPN-2033	R6-10-102.	PM-1365
R2-20-704.	PM-1417; FM-2122			R6-10-103.	P#-1365; PN-1365
		<b>Corporation Commission, Arizona - Transportation</b>		R6-10-104.	P#-1365; PM-1365
<b>Contractors, Registrar of</b>		R14-5-201.	FM-151	R6-10-105.	P#-1365; PM-1365
R4-9-116.	EXP-373	R14-5-202.	FM-151	R6-10-106.	P#-1365; PM-1365
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## RULES EFFECTIVE DATES CALENDAR

A.R.S. § 41-1032(A), as amended by Laws 2002, Ch. 334, § 8 (effective August 22, 2002), states that a rule generally becomes effective 60 days after the day it is filed with the Secretary of State's Office. The following table lists filing dates and effective dates for rules that follow this provision. Please also check the rulemaking Preamble for effective dates.

January		February		March		April		May		June	
Date Filed	Effective Date										
1/1	3/2	2/1	4/2	3/1	4/30	4/1	5/31	5/1	6/30	6/1	7/31
1/2	3/3	2/2	4/3	3/2	5/1	4/2	6/1	5/2	7/1	6/2	8/1
1/3	3/4	2/3	4/4	3/3	5/2	4/3	6/2	5/3	7/2	6/3	8/2
1/4	3/5	2/4	4/5	3/4	5/3	4/4	6/3	5/4	7/3	6/4	8/3
1/5	3/6	2/5	4/6	3/5	5/4	4/5	6/4	5/5	7/4	6/5	8/4
1/6	3/7	2/6	4/7	3/6	5/5	4/6	6/5	5/6	7/5	6/6	8/5
1/7	3/8	2/7	4/8	3/7	5/6	4/7	6/6	5/7	7/6	6/7	8/6
1/8	3/9	2/8	4/9	3/8	5/7	4/8	6/7	5/8	7/7	6/8	8/7
1/9	3/10	2/9	4/10	3/9	5/8	4/9	6/8	5/9	7/8	6/9	8/8
1/10	3/11	2/10	4/11	3/10	5/9	4/10	6/9	5/10	7/9	6/10	8/9
1/11	3/12	2/11	4/12	3/11	5/10	4/11	6/10	5/11	7/10	6/11	8/10
1/12	3/13	2/12	4/13	3/12	5/11	4/12	6/11	5/12	7/11	6/12	8/11
1/13	3/14	2/13	4/14	3/13	5/12	4/13	6/12	5/13	7/12	6/13	8/12
1/14	3/15	2/14	4/15	3/14	5/13	4/14	6/13	5/14	7/13	6/14	8/13
1/15	3/16	2/15	4/16	3/15	5/14	4/15	6/14	5/15	7/14	6/15	8/14
1/16	3/17	2/16	4/17	3/16	5/15	4/16	6/15	5/16	7/15	6/16	8/15
1/17	3/18	2/17	4/18	3/17	5/16	4/17	6/16	5/17	7/16	6/17	8/16
1/18	3/19	2/18	4/19	3/18	5/17	4/18	6/17	5/18	7/17	6/18	8/17
1/19	3/20	2/19	4/20	3/19	5/18	4/19	6/18	5/19	7/18	6/19	8/18
1/20	3/21	2/20	4/21	3/20	5/19	4/20	6/19	5/20	7/19	6/20	8/19
1/21	3/22	2/21	4/22	3/21	5/20	4/21	6/20	5/21	7/20	6/21	8/20
1/22	3/23	2/22	4/23	3/22	5/21	4/22	6/21	5/22	7/21	6/22	8/21
1/23	3/24	2/23	4/24	3/23	5/22	4/23	6/22	5/23	7/22	6/23	8/22
1/24	3/25	2/24	4/25	3/24	5/23	4/24	6/23	5/24	7/23	6/24	8/23
1/25	3/26	2/25	4/26	3/25	5/24	4/25	6/24	5/25	7/24	6/25	8/24
1/26	3/27	2/26	4/27	3/26	5/25	4/26	6/25	5/26	7/25	6/26	8/25
1/27	3/28	2/27	4/28	3/27	5/26	4/27	6/26	5/27	7/26	6/27	8/26
1/28	3/29	2/28	4/29	3/28	5/27	4/28	6/27	5/28	7/27	6/28	8/27
1/29	3/30			3/29	5/28	4/29	6/28	5/29	7/28	6/29	8/28
1/30	3/31			3/30	5/29	4/30	6/29	5/30	7/29	6/30	8/29
1/31	4/1			3/31	5/30			5/31	7/30		



July		August		September		October		November		December	
Date Filed	Effective Date										
7/1	8/30	8/1	9/30	9/1	10/31	10/1	11/30	11/1	12/31	12/1	1/30
7/2	8/31	8/2	10/1	9/2	11/1	10/2	12/1	11/2	1/1	12/2	1/31
7/3	9/1	8/3	10/2	9/3	11/2	10/3	12/2	11/3	1/2	12/3	2/1
7/4	9/2	8/4	10/3	9/4	11/3	10/4	12/3	11/4	1/3	12/4	2/2
7/5	9/3	8/5	10/4	9/5	11/4	10/5	12/4	11/5	1/4	12/5	2/3
7/6	9/4	8/6	10/5	9/6	11/5	10/6	12/5	11/6	1/5	12/6	2/4
7/7	9/5	8/7	10/6	9/7	11/6	10/7	12/6	11/7	1/6	12/7	2/5
7/8	9/6	8/8	10/7	9/8	11/7	10/8	12/7	11/8	1/7	12/8	2/6
7/9	9/7	8/9	10/8	9/9	11/8	10/9	12/8	11/9	1/8	12/9	2/7
7/10	9/8	8/10	10/9	9/10	11/9	10/10	12/9	11/10	1/9	12/10	2/8
7/11	9/9	8/11	10/10	9/11	11/10	10/11	12/10	11/11	1/10	12/11	2/9
7/12	9/10	8/12	10/11	9/12	11/11	10/12	12/11	11/12	1/11	12/12	2/10
7/13	9/11	8/13	10/12	9/13	11/12	10/13	12/12	11/13	1/12	12/13	2/11
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7/16	9/14	8/16	10/15	9/16	11/15	10/16	12/15	11/16	1/15	12/16	2/14
7/17	9/15	8/17	10/16	9/17	11/16	10/17	12/16	11/17	1/16	12/17	2/15
7/18	9/16	8/18	10/17	9/18	11/17	10/18	12/17	11/18	1/17	12/18	2/16
7/19	9/17	8/19	10/18	9/19	11/18	10/19	12/18	11/19	1/18	12/19	2/17
7/20	9/18	8/20	10/19	9/20	11/19	10/20	12/19	11/20	1/19	12/20	2/18
7/21	9/19	8/21	10/20	9/21	11/20	10/21	12/20	11/21	1/20	12/21	2/19
7/22	9/20	8/22	10/21	9/22	11/21	10/22	12/21	11/22	1/21	12/22	2/20
7/23	9/21	8/23	10/22	9/23	11/22	10/23	12/22	11/23	1/22	12/23	2/21
7/24	9/22	8/24	10/23	9/24	11/23	10/24	12/23	11/24	1/23	12/24	2/22
7/25	9/23	8/25	10/24	9/25	11/24	10/25	12/24	11/25	1/24	12/25	2/23
7/26	9/24	8/26	10/25	9/26	11/25	10/26	12/25	11/26	1/25	12/26	2/24
7/27	9/25	8/27	10/26	9/27	11/26	10/27	12/26	11/27	1/26	12/27	2/25
7/28	9/26	8/28	10/27	9/28	11/27	10/28	12/27	11/28	1/27	12/28	2/26
7/29	9/27	8/29	10/28	9/29	11/28	10/29	12/28	11/29	1/28	12/29	2/27
7/30	9/28	8/30	10/29	9/30	11/29	10/30	12/29	11/30	1/29	12/30	2/28
7/31	9/29	8/31	10/30			10/31	12/30			12/31	3/1



**REGISTER PUBLISHING DEADLINES**

The Secretary of State's Office publishes the Register weekly. There is a three-week turnaround period between a deadline date and the publication date of the Register. The weekly deadline dates and issue dates are shown below. Council meetings and Register deadlines do not correlate. Also listed are the earliest dates on which an oral proceeding can be held on proposed rulemakings or proposed delegation agreements following publication of the notice in the Register.

<b>Deadline Date (paper only) Friday, 5:00 p.m.</b>	<b>Register Publication Date</b>	<b>Oral Proceeding may be scheduled on or after</b>
April 12, 2019	May 3, 2019	June 3, 2019
April 19, 2019	May 10, 2019	June 10, 2019
April 26, 2019	May 17, 2019	June 17, 2019
May 3, 2019	May 24, 2019	June 24, 2019
May 10, 2019	May 31, 2019	July 1, 2019
May 17, 2019	June 7, 2019	July 8, 2019
May 24, 2019	June 14, 2019	July 15, 2019
May 31, 2019	June 21, 2019	July 22, 2019
June 7, 2019	June 28, 2019	July 29, 2019
June 14, 2019	July 5, 2019	August 5, 2019
June 21, 2019	July 12, 2019	August 12, 2019
June 28, 2019	July 19, 2019	August 19, 2019
July 5, 2019	July 26, 2019	August 26, 2019
July 12, 2019	August 2, 2019	September 3, 2019
July 19, 2019	August 9, 2019	September 9, 2019
July 26, 2019	August 16, 2019	September 16, 2019
August 2, 2019	August 23, 2019	September 23, 2019
August 9, 2019	August 30, 2019	September 30, 2019
August 16, 2019	September 6, 2019	October 7, 2019
August 23, 2019	September 13, 2019	October 15, 2019
August 30, 2019	September 20, 2019	October 21, 2019
September 6, 2019	September 27, 2019	October 28, 2019
September 13, 2019	October 4, 2019	November 4, 2019
September 20, 2019	October 11, 2019	November 12, 2019
September 27, 2019	October 18, 2019	November 18, 2019
October 4, 2019	October 25, 2019	November 25, 2019
October 11, 2019	November 1, 2019	December 2, 2019
October 18, 2019	November 8, 2019	December 9, 2019
October 25, 2019	November 15, 2019	December 16, 2019
November 1, 2019	November 22, 2019	December 23, 2019



### GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES

The following deadlines apply to all Five-Year-Review Reports and any adopted rule submitted to the Governor’s Regulatory Review Council. Council meetings and Register deadlines do not correlate. We publish these deadlines as a courtesy.

All rules and Five-Year Review Reports are due in the Council office by 5 p.m. of the deadline date. The Council’s office is located at 100 N. 15th Ave., Suite 402, Phoenix, AZ 85007. For more information, call (602) 542-2058 or visit <http://grrc.az.gov>.

#### GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES FOR 2019

[M19-05]

DEADLINE FOR PLACEMENT ON AGENDA*	FINAL MATERIALS SUBMITTED TO COUNCIL	DATE OF COUNCIL STUDY SESSION	DATE OF COUNCIL MEETING
<i>Tuesday</i> January 22, 2019	<i>Tuesday</i> February 19, 2019	<i>Tuesday</i> February 26, 2019	<i>Tuesday</i> March 5, 2019
<i>Tuesday</i> February 19, 2019	<i>Tuesday</i> March 19, 2019	<i>Tuesday</i> March 26, 2019	<i>Tuesday</i> April 2, 2019
<i>Tuesday</i> March 19, 2019	<i>Tuesday</i> April 23, 2019	<i>Tuesday</i> April 30, 2019	<i>Tuesday</i> May 7, 2019
<i>Tuesday</i> April 23, 2019	<i>Tuesday</i> May 21, 2019	<b>Wednesday</b> May 29, 2019	<i>Tuesday</i> June 4, 2019
<i>Tuesday</i> May 21, 2019	<i>Tuesday</i> June 18, 2019	<i>Tuesday</i> June 25, 2019	<i>Tuesday</i> July 2, 2019
<i>Tuesday</i> June 18, 2019	<i>Tuesday</i> July 23, 2019	<i>Tuesday</i> July 30, 2019	<i>Tuesday</i> August 6, 2019
<i>Tuesday</i> July 23, 2019	<i>Tuesday</i> August 20, 2019	<i>Tuesday</i> August 27, 2019	<b>Wednesday</b> September 4, 2019
<i>Tuesday</i> August 20, 2019	<i>Tuesday</i> September 17, 2019	<i>Tuesday</i> September 24, 2019	<i>Tuesday</i> October 1, 2019
<i>Tuesday</i> September 17, 2019	<i>Tuesday</i> October 22, 2019	<i>Tuesday</i> October 29, 2019	<i>Tuesday</i> November 5, 2019
<i>Tuesday</i> October 22, 2019	<i>Tuesday</i> November 19, 2019	<i>Tuesday</i> November 26, 2019	<i>Tuesday</i> December 3, 2019
<i>Tuesday</i> November 19, 2019	<i>Tuesday</i> December 24, 2019	<i>Tuesday</i> January 7, 2020	<i>Tuesday</i> January 14, 2020
<i>Tuesday</i> December 24, 2019	<i>Tuesday</i> January 21, 2020	<i>Tuesday</i> January 28, 2020	<i>Tuesday</i> February 4, 2020

\* Materials must be submitted by 5 PM on dates listed as a deadline for placement on a particular agenda. Placement on a particular agenda is not guaranteed.



**GOVERNOR'S REGULATORY REVIEW COUNCIL  
NOTICE OF ACTION TAKEN AT THE AUGUST 6, 2019 MEETING**

[M19-82]

**Rules:**

1. **DEPARTMENT OF ADMINISTRATION (R19-0801)**  
Title 2, Chapter 11, Department of Administration - Public Buildings Maintenance, Articles 3 through 5

**Amend:** R2-11-301 through R2-11-307 and R2-11-309 through R2-11-311

**New Section:** R2-11-312

**Repeal:** Article 4, R2-11-401 through R2-11-409; Article 5, R2-11-501

**ReNUMBER:** Article 5, R2-11-501

**COUNCIL ACTION: APPROVED**

2. **DEPARTMENT OF ADMINISTRATION (R19-0803)**  
Title 2, Chapter 6, Department of Administration - Benefit Services Division, Article 1

**Amend:** R2-6-105

**COUNCIL ACTION: TABLED**

3. **INDUSTRIAL COMMISSION (R19-0802)**  
Title 20, Chapter 5, Article 5, Elevator Safety

**Amend:** R20-5-507

**COUNCIL ACTION: APPROVED**

4. **DEPARTMENT OF HEALTH SERVICES (R19-0804) (Expedited Rulemaking)**  
Title 9, Chapter 16, Department of Health Services - Occupational Licensing

**New Article:** Article 6

**New Section:** R9-16-601 through R9-16-624

**COUNCIL ACTION: APPROVED**

**Five Year Review Reports:**

1. **DEPARTMENT OF ADMINISTRATION (F19-0803)**  
Title 2, Chapter 6, Department of Administration - Benefit Services Division

**COUNCIL ACTION: TABLED. WILL BE CONSIDERED AT SEPTEMBER 24, 2019 STUDY SESSION AND OCTOBER 1, 2019 COUNCIL MEETING**

2. **DEPARTMENT OF ENVIRONMENTAL QUALITY (F19-0804)**  
Title 18, Chapter 2, Department of Environmental Quality - Air Pollution Control, Articles 1-5, Appendices 1-3, and 9

**COUNCIL ACTION: APPROVED**

3. **DEPARTMENT OF PUBLIC SAFETY (F19-0806)**  
Title 13, Chapter 13, Department of Public Safety - School Buses, Articles 1-2

**COUNCIL ACTION: APPROVED**

4. **DEPARTMENT OF HEALTH SERVICES (F19-0801)**  
Title 9, Chapter 7, Department of Health Services - Radiation Control, Article 4, Standards for Protection Against Ionizing Radiation

**COUNCIL ACTION: APPROVED**

5. **DEPARTMENT OF INSURANCE (F19-0802)**



Title 20, Chapter 6, Article 11, Medicare Supplement Insurance and Article 21, Customer Information Security Program

**COUNCIL ACTION: APPROVED**

**6. BOARD OF PSYCHOLOGIST EXAMINERS (F19-0809)**

Title 4, Chapter 26, Articles 1-4, Board of Psychologist Examiners

**COUNCIL ACTION: APPROVED**

**7. DEPARTMENT OF ECONOMIC SECURITY (F19-0807)**

Title 6, Chapter 5, Department of Economic Security - Social Services, Article 52, Certification and Supervision of Family Child Care Home Providers

**COUNCIL ACTION: APPROVED**

**8. DEPARTMENT OF ECONOMIC SECURITY (F19-0805)**

Title 6, Chapter 2, Department of Economic Security - Employment and Training

**COUNCIL ACTION: APPROVED**

**9. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (F19-0810)**

Title 9, Chapter 34, AHCCCS - Grievance System, All Articles

**COUNCIL ACTION: APPROVED**

**One Year Review Report:**

**1. DEPARTMENT OF TRANSPORTATION (O19-0801)**

Title 17, Chapter 5, Department of Transportation - Commercial Programs, Articles 6-7

**COUNCIL ACTION: APPROVED**